

**Department of Health and Human Services**  
**Substance Abuse and Mental Health Services**  
**Administration**  
**Drug-Free Communities Mentoring Program**

**Funding Opportunity Announcement (FOA) Number: SP-16-002**

**Catalogue of Federal Domestic Assistance (CFDA) No.: 93.276**

**Key Dates:**

<b>Application Deadline</b>	<b>Applications are due by May 16, 2016</b>
<b>Intergovernmental Review (E.O. 12372)</b>	<b>Applicants <u>must</u> comply with E.O. 12372 if their state(s) participates. Review process recommendations from the State Single Point of Contact (SPOC) are due no later than 60 days after application deadline.</b>
<b>Public Health System Impact Statement (PHSIS)/Single State Agency Coordination</b>	<b>Applicants <u>must</u> send the PHSIS to appropriate state and local health agencies by application deadline. Comments from Single State Agency (SSA) are due no later than 60 days after application deadline.</b>

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## EXECUTIVE SUMMARY

The Executive Office of the President, Office of National Drug Control Policy (ONDCP), and the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP), are accepting applications for Fiscal Year (FY) 2016 Drug-Free Communities Mentoring Program (DFC Mentoring) grants. The purpose of this program is to provide grant funds to existing DFC recipients so they may serve as mentors to newly-formed and/or developing coalitions that have never received a DFC grant.

<b>Funding Opportunity Title:</b>	Drug-Free Communities Mentoring Program
<b>Funding Opportunity Number:</b>	SP-16-002
<b>Due Date for Applications:</b>	May 16, 2016
<b>Anticipated Total Available Funding:</b>	\$750,000
<b>Estimated Number of Awards:</b>	Approximately 10 grant awards
<b>Estimated Award Amount:</b>	Up to \$75,000 per year for up to two years
<b>Cost Sharing/Match Required:</b>	Cash or in-kind match is required. [See <a href="#">Section III-2</a> of this FOA for cost sharing/match requirements.]
<b>Length of Project Period:</b>	Up to 2 years
<b>Eligible Applicants:</b>	See <a href="#">Section III</a> of this FOA for complete eligibility information.

# **I. FUNDING OPPORTUNITY DESCRIPTION**

## **1. PURPOSE**

The Drug-Free Communities (DFC) Support Program was created by the Drug-Free Communities (DFC) Act of 1997 (Public Law 105-20). The DFC Mentoring (DFC-M) Program was established as a component of the DFC Support Program when the program was reauthorized in 2001 (Public Law 107-82, 115 Stat. 814). The DFC Mentoring Program was also included in the Office of National Drug Control Policy Reauthorization Act of 2006 (Public Law 109-469).

The purpose of the DFC Mentoring Program is to assist newly forming coalitions in becoming eligible to apply for DFC funding on their own.

It is the intent of the DFC Mentoring Program that, at the end of the Mentoring grant, each Mentee coalition will meet all of the statutory eligibility requirements of the DFC Support Program and be fully prepared to compete for a DFC grant on their own. Recipients will be expected to achieve this by meeting the following goals:

1. Strengthen the Mentee coalition's organizational structure.
2. Increase the Mentee coalition's leadership and community readiness to address youth substance use problems in the Mentee community.
3. Assist the Mentee coalition in working through a strategic planning process that will result in a comprehensive Action Plan.

\*For the purposes of this FOA, "youth" is defined as individuals 18 years of age and younger.

The DFC Mentoring Program is a collaborative effort directed by the Office of National Drug Control Policy (ONDCP) in collaboration with the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Prevention (CSAP). This announcement addresses Healthy People 2020 Substance Abuse Topic Area HP 2020-SA.

## **2. EXPECTATIONS**

For the purposes of this FOA, **a coalition is defined as a community-based formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal of building a safe, healthy, and drug-free community.**

### **Allowable Activities**

Grants awarded through the DFC Mentoring Program are intended to assist newly forming coalitions meet all of the statutory eligibility requirements of the DFC Support Program, and be fully prepared to compete for a DFC grant on their own. **Funding through this grant must support the Mentee coalition in obtaining the training and technical assistance necessary to form a community coalition capable of applying for a DFC grant.** To accomplish this, the

Mentor coalition is expected to mobilize a majority of its key sector members to work collaboratively on the development of the Mentee coalition. The DFC Mentoring Program seeks to combine staff and volunteer resources from the Mentor coalition with those of the Mentee community to successfully support the development of a functioning Mentee coalition.

The types of activities that are expected and allowable include, but are **not** limited to: education of Mentee community members; training and technical assistance for the Mentee community/coalition; development and execution of a needs assessment in the Mentee community (to include data collection and analysis), logic model development, and strategic plans (both short- and long-term). Any activity geared toward the Mentee's ability to become DFC eligible should be included, whether it is provided by the Mentor coalition/sector members or an outside entity. **The Mentee coalition is highly encouraged to obtain training and technical assistance from a variety of sources and not just the Mentor coalition.**

The DFC Mentoring Program does **not** fund the following (not a fully exhaustive list):

- After-school programs,
- Youth Mentoring Programs,
- Sports programs,
- Treatment services/programs/facilities,
- Drug Courts,
- Construction; or
- Landscaping/neighborhood revitalization projects.

### **Allowable Number of Mentees**

DFC Mentoring grant award recipients are expected to assist one or more communities in the development of coalitions working to reduce and prevent youth substance use in their communities. Although the Mentor coalition may mentor up to five coalitions at a time, given the limited resources available under this grant and the importance of the mentoring relationship, it is recommended that the Mentor work with only one or two Mentee coalitions at a time. Proposing to mentor more than one Mentee coalition will not positively or negatively affect an applicant's peer review score. Applicants **must** answer all questions for each coalition being mentored within the 25-pages of the [Project Narrative, Section A](#).

SAMHSA strongly encourages all recipients to provide a tobacco-free workplace and to promote abstinence from all tobacco products (except in regard to accepted tribal traditions and practices).

**NOTE: SAMHSA requires electronic submission of all grant applications through Grants.gov.** Grants.gov will reject applications submitted after 11:59 PM Eastern Time on the application due date.

Some applicants living in remote and rural areas may be unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship.

In these cases, applicants may apply for a waiver of the electronic submission. The waiver **must** be submitted at least 15 days prior to the application receipt date. If the waiver is approved, the applicant will be permitted to submit a paper application. The process for applying for a waiver is described in Appendix C.

The waiver is considered only for applicants with persistent lack of access to the internet. No other exceptions will be made.

## 2.1 Strategic Prevention Framework

Mentor and Mentee coalitions are expected to utilize SAMHSA's Strategic Prevention Framework (SPF) as the planning model to develop long-range plans. The SPF is a five-step evidence-based process for community planning and decision-making. Cultural competence and sustainability should be considered throughout all five steps of the process which includes:

1. **Assessment:** Identify local youth substance use problems and the community conditions that contribute to the specific identified issues.
2. **Capacity:** Mobilize/build capacity to change the conditions and address the youth substance use problems.
3. **Planning:** Develop a logic model, comprehensive 12-month Action Plan, and multi-year Strategic Plan.
4. **Implementation:** Implement action and strategic plans with multiple objectives, strategies, and activities.
5. **Evaluation:** Monitor, sustain, improve, or replace prevention activities, efforts, and strategies.

For more information on SPF, visit <http://www.samhsa.gov/spf>.

## 2.2 Community Definition

Applicants are expected to define the Mentee communities they propose to serve. The DFC Mentoring Program **does not** prescribe the size, borders, demographics, or geographic location of DFC Mentee communities. A Mentee coalition can use various geographic locations including neighborhoods, census tracts, zip codes, and school districts, as well as township, counties, or parish lines, among others, to define their community. Applicants should be realistic about the size and population of the area in which the Mentee coalition will have the ability to create change. For example, choosing a community that is too large may be problematic due to inclusion of neighborhoods that have significantly different problems to be addressed.

The DFC Program **does not** make funding decisions based on geographic boundaries (e.g., number of grants within states/towns/cities). Applicants should consider that adjacent neighborhoods/towns/cities with DFC-funded community coalitions operating in different areas are encouraged. However, multiple DFC recipients may not serve the same zip code(s) unless there is written evidence of cooperation between the overlapping coalitions.

## 2.3 Community Level Change

Mentors and Mentee coalitions are expected to choose strategies that will lead to community level change. Community level change strategies seek to: (1) limit access to substances; (2) change the culture and context within which decisions about substance use are made; and/or (3) shift the consequences associated with youth substance use. Evidence exists that well-conceived and implemented policies at the local, state, and national levels can reduce community-level alcohol, tobacco, and other drug problems.

The Seven Strategies for Community Change, which are a conceptual understanding of strategies a coalition may employ, include efforts that affect individuals, as well as those that have the potential to reach an entire community.

The 12-Month Mentoring Plan, provided in [Section A, Question 5.3.5](#), pertains to the strategies and activities the Mentor coalition and the Mentee coalition will undertake to increase the likelihood that the Mentee coalition will become DFC eligible, such as strengthening the Mentee coalition's organizational structure; increasing the Mentee coalition's leadership and community readiness to address youth substance use problems in the Mentee community; and assisting the Mentee coalition in working through a strategic planning process that will result in a comprehensive 12-Month Action Plan.

The Mentoring Plan does not necessarily address the Mentee and its actions to reduce youth substance use, but it may. The Mentor coalition is expected to support the Mentee coalition in developing its community level change strategies for any future DFC application and the development of its 12-Month Mentoring Plan.

For more information on the Seven Strategies for Community Change, please visit the Community Anti-Drug Coalitions of America's website <http://www.cadca.org/resources/detail/definint-seven-strategies-community-change>.

**NOTE:** Applications funded by the DFC Program are **required** to comply with the following Condition regarding DFC recipient restrictions on lobbying:

(c) Title 18 > Part I > Chapter 93 > Section 1913: **No part of the money appropriated by any enactment of Congress shall, in the absence of express authorization by Congress, be used directly or indirectly to pay for any personal service, advertisement, telegram, telephone, letter, printed or written matter, or other device, intended or designed to influence in any manner a Member of Congress, a jurisdiction, or any official of any government, to favor, adopt, or oppose, by vote or otherwise, any legislation, law, ratification, policy, or appropriation, whether before or after the introduction of any bill, measure, or resolution proposing such legislation, law, ratification, policy, or appropriation.**



## 2.4 DFC National Cross-site Evaluation

DFC Mentoring grant award recipients are required to assist the Mentee coalition in developing baseline data regarding youth substance use in the Mentee community. Successful applicants who become DFC recipients **must** comply with the DFC National Evaluation requirements. DFC grant award recipients are required to participate in the DFC National Cross-Site Evaluation, intended to measure the effectiveness of the DFC Support Program in reducing youth substance use.

DFC grant award recipients are required to provide data every two years on the following core measures for alcohol, tobacco, marijuana, and prescription drugs for three grades (6-12th):

1. Past 30-day use
2. Perception of risk or harm
3. Perception of parental disapproval of use
4. Perception of peer disapproval of use

\* It is recommended that data be collected for at least one middle school and one high school grade.

DFC Mentoring grantees **must** report once a year on each Mentee coalition's progress in collecting each of the four measures mentioned above. The Terms and Conditions of the grant award will specify how the data are to be submitted and the schedule for submission using ONDCP's DFC Management and Evaluation (DFC *Me*) system.

## 2.5 New Grant Award Recipient Training Requirement

DFC Mentoring grantees are required to send no more than two individuals to a three-day DFC New Grant Award Recipient Training; one **must** be from the Mentor coalition and one from the Mentee coalition. The training will be held in Washington, DC, in the first year of the award. The DFC New Grant Award Recipient Training usually takes place in early December.

## 2.6 National Coalition Academy Requirement

The National Coalition Academy (NCA) is a three-week training program spread out over the course of several months. It is designed to train coalitions in the SPF process and guide the creation of the products necessary for successful coalition functioning and operation. Costs associated with the NCA are generally limited to travel (e.g., flight, car rental, per diem). Lodging, dependent upon location, may be provided. There are several locations across the United States where the NCA is held.

**Mentee coalitions that are being mentored for the full two-year term are required to enroll in the NCA at some point during their Mentoring grant.** Each Mentee coalition **must** send two people to the NCA. Mentee coalitions only mentored for a one-year term are strongly encouraged to attend NCA, but it is not required.

It is highly recommended that the Mentor or Mentee coalition contact the NCA immediately after being awarded the DFC Mentoring grant to assist in registering their Mentees to register for the NCA location of your choice. More information on the NCA can be found at <http://www.cadca.org/nca>.

## II. AWARD INFORMATION

**Proposed budgets cannot exceed \$75,000 in total costs (direct and indirect) in any year of the proposed project.** Annual continuation awards will depend on the availability of funds, grantee progress in meeting project goals and objectives, timely submission of required data and reports, and compliance with all grant award Terms and Conditions. Failure to comply with the Terms and Conditions of award may result in suspension or termination of the award.

**Applicants should be aware that award amounts are subject to the availability of funds.**

To apply for a DFC Mentoring grant under this FOA, the Mentor coalition **must**:

1. have been in existence for at least five years (not to be interpreted as having been a DFC recipient for five years);
2. have an active DFC grant at the time of the award; and
3. be in good standing (not on high risk).

Recipients will be awarded funds for one year beginning on September 30, 2016. Funds for subsequent years within a grant cycle are distributed on an annual basis as non-competing continuation awards. Each year, recipients must demonstrate compliance with the DFC Mentoring Statutory Eligibility Requirements.

## III. ELIGIBILITY INFORMATION

### 1. ELIGIBLE APPLICANTS

**Statutory Eligibility Requirements, written into the DFC Act, are inherent in the DFC Mentoring Program.** Applicants should refer to **Table 1: Statutory Eligibility Requirements**, which contains a summary of the minimum documentation applicants **must** provide to meet these criteria. The table also specifies evidence required and where to place it in the application (e.g., as an attachment, in the Project Narrative, or in the Budget Narrative). **Failure to meet any single statutory eligibility requirement will cause the application to be deemed ineligible; in such case it will not move forward to peer review.** Should your application fail to meet the eligibility requirements, the person listed as the **Business Official** on the Application for Federal Assistance (SF-424) will receive a letter stating why the application was deemed ineligible. **No additional information may be added to an application after it has been submitted.** Final authority lies with the DFC Administrator to determine the eligibility of an application.

All DFC Mentoring applications will be jointly screened by ONDCP and SAMHSA to determine whether an applicant meets all the Statutory Eligibility Requirements for the DFC Mentoring Program identified in Table 1. In addition, the non-profit status of the recipient/legal applicant (if applicable) will be verified along with its ability to fiscally manage federal funds.

Applications submitted by eligible coalitions that demonstrate they meet all requirements will then be scored through a peer review process, according to the evaluation criteria described in [Appendix O](#) of this FOA. Each year, DFC Mentoring recipients **must** demonstrate compliance with all of the following Statutory Eligibility Requirements to be considered for continued funding.

A DFC Mentoring legal applicant (an organization applying on behalf of a coalition, the coalition, or the applicant coalition) **must** reside within the United States and/or the U.S. Territories. The intent of the DFC Mentoring Program is to fund activities in the United States and does not authorize the funding of organizations or activities outside the United States.

**Table 1: Statutory Eligibility Requirements for the DFC Mentoring Program**

<b>Eligibility Requirement Item:</b>	<b>Evidence Required and Where to Document:</b>
<b>Requirement 1: Mentor's 5 Years of Existence</b>	<b>Evidence Required:</b>
The Mentor coalition <b>must</b> have been in existence for at least five years.  (21 USC 1535 § 1035 (d)(1))	Applicants <b>must</b> provide the date the Mentor coalition was established.  <b>Where to Document:</b>  <b>Attachment 5:</b> Mentor Coalition General Information, Item 3 (Refer to <a href="#">Appendix H</a> )
<b>Requirement 2: Mentor in Good Standing</b>	<b>Evidence Required:</b>
The Mentor coalition <b>must</b> be in compliance with all requirements of their existing DFC grant (i.e., DFC reporting and Grants Management requirements) for the previous year. A DFC recipient on high-risk status is <b>not</b> eligible to submit an application for a DFC Mentoring grant. (21 USC 1535 § 1035 (a))	Applicants <b>must</b> provide information documenting current DFC award.  <b>Where to Document:</b>  <b>Attachment 5:</b> Mentor Coalition General Information, Item 5 (Refer to <a href="#">Appendix H</a> )
<b>Requirement 3: Mentor's Measurable Results</b>	<b>Evidence Required:</b>
The Mentor coalition <b>must</b> have achieved, through its own efforts, measurable results in the prevention of substance use among youth. *(21 USC 1535 § 1035 (d)(2))	Applicants <b>must</b> report their coalition's successes and achievements that reflect measureable results.  <b>Where to Document:</b> <b>Project Narrative:</b> Question 5.3.1, first bullet
<b>Requirement 4: Mentor's Commitment</b>	<b>Evidence Required:</b>

Eligibility Requirement Item:	Evidence Required and Where to Document:
<p>The Mentor coalition <b>must</b> have at least one paid or volunteer staff person, as well as sector volunteers, willing to serve as mentors to the Mentee coalition in the prevention of youth substance use. (21 USC 1535 § 1035 (d)(3))</p>	<p>Applicants <b>must</b> provide information documenting staff and sector volunteer involvement within the Mentee coalition.</p> <p><b>Where to Document:</b></p> <p><b>Attachment 7:</b> MOU between Mentor Coalition and each Mentee Coalition and; recipient/legal applicant. (<a href="#">Refer to Appendix J</a>)</p> <p><b>Attachment 8:</b> Resumes and Position Descriptions (<a href="#">Refer to Appendix K</a>)</p>
<p><b>Requirement 5:</b> <i>Mentee's Status</i></p>	<p><b>Evidence Required:</b></p>
<p>The Mentee coalition is <b>not</b> currently and never has been funded through the DFC grant program.</p>	<p>Applicants <b>must</b> demonstrate that the Mentee coalition has no prior history of DFC funding.</p> <p><b>Where to Document:</b></p> <p><b>Attachment 6:</b> Mentee Coalition General Information, Items 14 and 16 (Refer to <a href="#">Appendix I</a>)</p>
<p><b>Requirement 6:</b> <i>Mentee's Willingness to Participate</i></p>	<p><b>Evidence Required:</b></p>
<p>The Mentor coalition <b>must</b> demonstrate that there is a willingness on the part of the Mentee coalition and its community to actively participate in the mentoring process. (21 USC 1535 § 1035 (d)(4))</p>	<p>Applicants <b>must</b> submit a Memorandum of Understanding (MOU) between the Mentor coalition and each Mentee coalition, using the sample provided in <a href="#">Appendix J</a>. The Mentor coalition and each Mentee coalition <b>must</b> attach a matching Coalition Involvement Agreement (CIA) from each person listed in their individual Sector Member Table. Sample CIAs are provided in <a href="#">Appendix E</a> (Mentor CIA) and <a href="#">Appendix G</a> (Mentee CIA).</p> <p><b>Where to Document:</b></p> <p><b>Attachment 2:</b> Mentor CIAs (in the same order as the Mentor Sector Member Table lists sector representatives)</p> <p><b>Attachment 4:</b> Mentee CIAs (in the same order as the Mentee Sector Member Table lists sector</p>

Eligibility Requirement Item:	Evidence Required and Where to Document:
	representatives).  <b><u>Attachment 7:</u></b> Memorandum of Understanding (MOU) between Mentor and Mentee coalitions.
<b>Requirement 7: 12-Month Mentoring Plan</b>	<b>Evidence Required:</b>
The Mentor coalition <b>must</b> submit a detailed Mentoring Plan for the mentoring activities to be supported by the grant. <i>*(21 USC 1535 § 1035 (d)(5))</i>	Applicants <b>must</b> submit a 12-Month Mentoring Plan  <b>Where to Document:</b>  <b><u>Project Narrative:</u></b> <a href="#">Section A, Question 5.3.5</a>
<b>Requirement 8: Substantial Support from Non-Federal Sources</b>	<b>Evidence Required:</b>
The Mentor coalition <b>must</b> demonstrate a minimum of a 1:1 match in non-federal funds not previously identified as match to their current DFC grant. <i>(21 USC 1535 § 1035 (g)(1))</i>	Applicants <b>must</b> show at least dollar-for-dollar (1:1) matching funds in their Budget and 12-Month Budget Narrative.  <b>Where to Document:</b>  SF-424, Section 18 SF-424A <u>12-Month Budget Narrative</u> (Refer to <a href="#">Appendix A</a> )
<b>Requirement 9: Federal Request</b>	<b>Evidence Required:</b>
The Mentor coalition may <b>not</b> request more than \$75,000 in federal funds per year. <i>(21 USC 1535 § 1035 (g)(2))</i>	The budget <b>may not show a request for federal funds exceeding \$75,000 per year.</b>  <b>Where to Document:</b>  SF-424, Section 18 SF-424A 12-Month Budget Narrative (Refer to <a href="#">Appendix A</a> )

## 2. COST SHARING AND MATCH REQUIREMENTS

The DFC Mentoring Program authorizing legislation requires that the total amount awarded to a coalition may not exceed the amount of non-Federal funds raised by the coalition, including in-kind contributions, for that fiscal year, thus a 100 percent (1:1) match is required. Applicants **must** itemize the match separately in the budget and explain the match separately in the 12-Month Budget Narrative. A sample 12-Month Budget Narrative is provided in [Appendix A](#) of

this FOA. As stated above, applicants are required to have 100 percent match (1:1) from non-federal sources in each year of the grant. **The table below indicates the percentage of match required for DFC-M recipients in each year of the grant.**

**Table 2: Percentage of Match**

<b>Year of Funding Requested</b>	<b>Matching Requirement</b>
1	100%
2	100%

Cash or in-kind support may be used for the match requirement. In-kind support includes the value of goods and services donated, including but not limited to office space, volunteer secretarial services, pro bono accounting services, and other volunteer services to support the coalition's work. **All match must follow the federal cost principles (see [Section IV-4](#) of this FOA). Applicants cannot submit match that would not be an allowable expense with DFC funds.** A match level over the required amount **will not** result in a higher peer review score. **All proposed match is an obligation on the part of the applicant.**

Federal funds, including those passed through a state or local government, **cannot** be used toward the required match. The **only** exception in the DFC Mentoring Program is in the case of a coalition that includes a representative of the Bureau of Indian Affairs, the Indian Health Service, or a tribal government agency with expertise in the field of substance use and serving a tribal community.

**Note:** Please refer to [Appendix B](#) for formatting requirements and screen out criteria.

## **IV. APPLICATION AND SUBMISSION INFORMATION**

### **1. CONTENT AND GRANT APPLICATION SUBMISSION**

You **must** go to both Grants.gov (<http://www.Grants.gov>) and the SAMHSA website (<http://www.samhsa.gov/grants/applying>) to download the required documents needed to apply for the DFC Mentoring Program.

#### **GRANTS.GOV**

The following information provides details on downloading the required documents you will need from Grants.gov. To view and/or download the required application forms, you **must** first search for the appropriate funding announcement number (also called the 'funding opportunity number'). For guidance on applying and how to download forms from Grants.gov, refer to [Appendix C](#) of this FOA.

On the Grants.gov site (<http://www.Grants.gov>), select the 'Apply for Grants' option from the 'Applicants' Tab at the top of the screen. You will be directed to the '[Apply for Grants](#)' page. Download both the Application Instruction and Application Package on the 'Apply for Grants' page. Click on the 'Get Application Package' tab located on the right of the Grants.gov 'Apply

for Grants' page. You will be directed to the '[Get Application Package Now](#)' page where you will search for the appropriate funding announcement number (called the funding opportunity number) or the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this Funding Opportunity Announcement. Additional information on the application download process also is available on this page.

You can view, print, or save all of these forms. Completed forms can also be saved and printed for your records. The following forms are required for all applications:

- Application for Federal Assistance (SF-424);
- Budget Information – Non-Construction Programs (SF-424A);
- Project/Performance Site Location(s) Form;
- Disclosure of Lobbying Activities; and
- HHS Checklist.

Applications that **do not** include these required forms will be screened out and will not be peer reviewed.

### **SAMHSA'S Grants Website**

You will find additional materials you will need to complete your application on SAMHSA's website (<http://www.samhsa.gov/grants/applying>). These include:

- Funding Opportunity Announcement (FOA) – Provides a description of the program, specific information about the availability of funds, and instructions for completing the grant application. This document is the FOA;
- Assurances – Non-Construction Programs; and
- Certifications and other forms, i.e., HHS690 & SMA170, etc.

**IMPORTANT NOTE: Please refer to [Appendix B](#) for formatting requirements and screen out criteria that will reject an application.**

Be sure to check the SAMHSA website periodically for any updates on this grant program.

#### **1.1 Required Application Components**

Applications **must** include all required application components. These components **must** be submitted in the order detailed below. Please refer to [Appendices B](#) and [C](#) for additional formatting and submission requirements (e.g., font size, page margins, Grants.gov instructions, etc.).

- **Application for Federal Assistance (SF-424):** This form **must** be completed by applicants for all SAMHSA grants. **NOTE:** Applicants **must** provide a Dun and Bradstreet (DUNS) number to apply for a grant or cooperative agreement from the



federal government. SAMHSA applicants are required to provide their DUNS number on the face page of the application. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at <http://www.dnb.com/get-a-duns-number.html> or call 1-866-705-5711. To expedite the process, let Dun and Bradstreet know that you are a public/private nonprofit organization getting ready to submit a federal grant application. In addition, you **must** be registered in the System for Award Management (SAM). **Registration in SAM is mandatory for any applicant of the DFC Support Program. Failure to register with SAM will lead to an application being deemed ineligible and not proceed to peer review. It takes up to 72 hours for a SAM registration to be processed. Do not wait until the day the application is being submitted to register for SAM, as there will not be enough time for the registration to process and your application will not make the deadline.** SAM information **must** be updated at least every 12 months to remain active (for both grant recipients and sub-recipients). Once you update your record in SAM, it will take 48 to 72 hours to complete the validation processes. Grants.gov will reject submissions from applicants who are not registered in SAM or those with expired SAM registrations (Entity Registrations). The DUNS number you use on your application **must** be registered and active in SAM. To create a user account, Register/Update an entity and/or Search Records go to SAM, at <https://www.sam.gov>. Applications submitted without an active DUNS and SAM registration will be screened out and not proceed to peer review. No waivers or exceptions to this requirement will be provided.

**NOTE:** If an applicant's SAM account expires, the renewal process requires the same validation with IRS and DoD (Cage Code) as a new account requires. This can take up to one month. It is highly recommended that applicants renew their accounts prior to the expiration date. The account update process takes only 24-48 hours.

- **Budget Information Form:** Use SF-424A. Fill out Sections B, C, and E of the SF-424A. A sample budget and justification is included in [Appendix A](#) of this document. Your completed SF-424A should reflect the final numbers as they appear in your 12-Month Budget Narrative.
- **Table of Contents:** The bottom right corner of every page in the application must be **numbered**, including the Attachments, beginning with the Table of Contents as Page 1. In the Table of Contents, include the page numbers for each of the major sections of the application and each attachment. Hand numbering of pages is allowable.
- **Overview of the Mentor/Mentee Relationship and Mentee Community:** The Overview describes the key features of the community. It should be **no longer than 2 pages** in length (Please refer to [V-5.1](#)).
- **Project Narrative:** The Project Narrative ([Section A](#) of this FOA) describes the efforts the Mentor coalition will undertake to support the development of the Mentee coalition. It consists of 6 questions and can be **no longer than 25 pages**.
- **12-Month Budget Narrative:** The 12-Month Budget Narrative ([Section V-6](#) of this FOA) provides narrative detail about both the federal request and the non-federal match.



- **Attachments 1 through 10:** Please clearly label each attachment provided. Applications with additional attachments will not receive a higher score. All attachments must be labeled and identified with a page number.
- **Assurances:** Non-Construction Programs. Applicants **must** read the list of assurances provided on the SAMHSA website at <http://www.samhsa.gov/grants/applying/forms-resources> and **check the box marked ‘I Agree’** before signing the face page (SF-424) of the application. **Do not include the list of assurances with your application.**
- **Certifications:** Applicants **must** read the list of certifications provided on the SAMHSA website and **check the box marked ‘I Agree’** before uploading your electronic application. **Do not include the list of certifications with your application.**
- **Project Performance Site Location(s) Form:** The purpose of this form is to collect location information on the site(s) where work funded under this grant announcement will be performed. This form is included with the application package found on the Grants.gov website.
- **Disclosure of Lobbying Activities:** Federal law prohibits the use of appropriated funds for publicity or propaganda purposes or for the preparation, distribution, or use of the information designed to support or defeat legislation pending before the Congress or state legislatures. This includes “grassroots” lobbying, which consists of appeals to members of the public suggesting that they contact their elected representatives to indicate their support for or opposition to pending legislation or referendums/initiatives to urge those representatives to vote in a particular way. This form is included in the application package and **must** be submitted by all applicants applying for a DFC Mentoring grant. If not applicable please indicate on form.
- **Checklist:** The Checklist ensures that you have obtained the proper signatures, assurances, and certifications. You **must** **complete the entire form** including the top portion “Type of Application,” indicating if this DFC Mentoring application is a New, Non-Competing Continuation, Competing Continuation, or Supplemental application, as well as Parts A through D. This checklist is included in the Grants.gov application packet.
- **Documentation of non-profit status** as required in the Checklist.
- **Pre-Submission Verification:** Use the checklist found in [Appendix N](#). This verification ensures that you have accurately documented the eligibility requirements and included all major components of the application.

## 1.2 Application Formatting Requirements

Applications **must** comply with SAMHSA’s formatting requirements. Please refer to [Appendix B, Checklist for Formatting Requirements and Screen-Out Criteria for SAMHSA Grant Applications](#), for SAMHSA’s basic application formatting requirements. **Applications that do not comply with these requirements will be screened out and will not proceed to peer review.**

## 2. APPLICATION SUBMISSION REQUIREMENTS

Applications are due by **11:59 PM** (Eastern Time) on May 16, 2016

**Applications must be submitted through <http://www.Grants.gov>.** Please refer to [Appendix C](#), “Guidance for Electronic Submission of Applications.” SAMHSA requires electronic submission for all grant applications. Within 30 days of receipt of an application, applicants will be notified by **email** that the application has been received. If an applicant submits an application on time and does not receive notification within that 30-day timeframe, the applicant should contact SAMHSA’s Office of Grant Review at 240-276-1199 for additional information.

## 3. INTERGOVERNMENTAL REVIEW (E.O. 12372) REQUIREMENTS

This grant program is covered under Executive Order (EO) 12372, as implemented through HHS regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed Federal assistance under covered programs. See [Appendix L](#) for additional information on these requirements as well as requirements for the Public Health Impact Statement.

## 4. FUNDING LIMITATIONS/RESTRICTIONS

The standards set forth in 45 CFR Part 75 *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards*, became effective December 26, 2014. Cost principles describing allowable and unallowable expenditures for HHS grant recipients, including SAMHSA grant recipients, are provided in 45 CFR Part 75.

**Table 3: Cost Principles**

Applies to:	Cost Principle:
Educational Institutions	<b>45 CFR Part 75</b> “UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS”
State, Local and Indian Tribal Governments	
Nonprofit Organizations	
Hospitals	

In addition, DFC Mentoring Program grant recipients **must** comply with the following funding restrictions:

- Food is **generally** unallowable. Exceptions within the DFC Mentoring Program could include when food is used as a small incentive (not to exceed \$2.50 per person) to encourage participation in a community-wide event. Food costs are **not** allowable for general coalition or subcommittee meeting.
- No more than **10 percent** of the total grant award may be used for data collection and evaluation purposes, unless approved by a SAMHSA Government Project Officer and Grants Management Specialist. DFC Mentoring grant funds **cannot** be passed-through by contract or any other method to another entity to conduct the substantive programmatic

work on the program. The funded coalition is expected to perform the substantive role and manage the efforts carried out by this grant.

- DFC Mentoring grant funds **cannot** be used to provide funding to community organizations through mini-grants, including one coalition funding another coalition.
- DFC Mentoring grant funds **cannot** be utilized for the following: law enforcement equipment, drug search detection canines or related training, lighting, or community gardening efforts.
- The person charged with financial oversight responsibilities for the DFC grant award **must** be an employee of the recipient organization and identified in the personnel budget category.
- DFC grant funds **may not** be used for stipends, as defined in the HHS Grants Policy Statement (GPS).

## V. APPLICATION REVIEW INFORMATION

### 1. GENERAL INSTRUCTIONS

For FY 2016, there are **six questions** in the Project Narrative ([Section A](#)), and only these questions may be used when applying for FY 2016 DFC Mentoring funding. **Failure to use the correct FOA will result in an application being screened out and not proceeding to peer review.**

### 2. EVALUATION CRITERIA

The DFC Mentoring Program's peer review process utilizes experienced substance abuse prevention specialists to serve as peer reviewers. Each application is assigned to a panel of three peer reviewers for scoring, and the composite of the three scores becomes the application's final score. Upon full completion of the statutory eligibility review process and review of final scores, ONDCP begins funding with the highest scoring grant until all funds are exhausted.

**NOTE:** The DFC Act **requires that all** applications be considered and reviewed equally. Only eligible applications are forwarded to peer reviewers. In addition, grants are not awarded based on how many DFC and/or DFC-M funded coalitions are within a geographic boundary (e.g., state, county, and city).

### 3. APPLICATION SCORING INSTRUCTIONS

Peer reviewers will score the six questions that comprise the Project Narrative by totaling the points for each question to create a cumulative score (scores will range from 0 to 100 points). The primary funding decision criterion is the application's final peer review score. All final grant award decisions will be made by ONDCP's DFC Administrator, consistent with the DFC Act of 1997. ONDCP may also take into consideration factors relating to rural, American Indian/Alaska Native, and economically disadvantaged communities.

#### 4. REVIEW AND SELECTION PROCESS

Applications will be screened jointly by ONDCP and SAMHSA to determine whether applicants meet all Statutory Eligibility Requirements as outlined in Table 1. Applications submitted by coalitions that meet all Statutory Eligibility Requirements will then be scored by a peer review panel. The scoring criteria can be found in [Appendix O](#) of this application.

#### 5. RESPONDING TO THE DFC MENTORING FOA

##### 5.1 Overview of the Mentor/Mentee Relationship and Mentee Community (Not Scored)

The Overview of the Mentor/Mentee Relationship and Mentee Community should be placed between the Table of Contents and the Project Narrative. This is the applicant's opportunity to "set the stage" for peer reviewers in terms of how the Mentor and Mentee coalitions have entered into a relationship for the purposes of developing a new coalition. The Overview is **not** scored, does **not** count toward the 25-page limit, and can be **no more than 2** pages in length.

In the Overview, explain the process that will be used for clarifying roles and expectations that will ensure a full partnership (e.g., shared decision making, managing differences, and use of funds). Discuss how both groups have determined that the DFC Mentoring grant should be pursued and the collaborative approach used to develop this grant application. In addition, the Overview should provide context of the Mentee community and its readiness to move toward becoming DFC eligible.

**NOTE:** Applicants must complete the **Overview of the Mentor/Mentee Relationship and Mentee Community** for each mentee they propose to mentor within the 2-page limit.

##### 5.2 SECTION A: PROJECT NARRATIVE (SCORED; MAXIMUM OF 100 POINTS)

In writing the Project Narrative, use the instructions outlined below, which have been tailored to the DFC Mentoring Program.

- The Project Narrative **cannot** be longer than **25 pages**. Applications with a Project Narrative that exceeds the **25 page limit** will be deemed ineligible and will not go to peer review.
- Restrictions related to font size and page margins found in [Appendix B](#) **must** be followed or the application will be deemed ineligible and will not proceed to peer review.
- Respond to each question individually, building upon previous responses, so all answers together tell a cohesive story of the community, the coalition, and their efforts to successfully mentor a new coalition.
- Write all responses and required information under the correct question. Answer each question completely. In the event an applicant cannot respond to a specific bullet, the applicant **must** explain why they are unable to respond and offer a possible solution. The Project Narrative will be scored by how well each of the bullets is answered.
- **Do not** direct peer reviewers to a previous answer in response to another question. **Do not** direct peer reviewers to documents in the Attachments.

### 5.3 Section A: Questions for the Project Narrative

The Mentor coalition may identify a community to be mentored that does not yet have a formal coalition. In this case, the Mentor coalition may substitute the term “Mentee community” for the term “Mentee coalition” when reading and responding to the questions found in the Project Narrative ([Section A](#)).

For the purpose of this grant application, the term “Mentee coalition” is used in the singular in order to simplify the questions found in the Project Narrative below. **In developing the application, if an applicant plans to mentor more than one coalition, all questions must be answered for each Mentee coalition within the 25-page limit.**

The following **six questions** enable applicants to tell the story of their current and future efforts to assist the Mentee coalition in becoming eligible to apply for DFC funding on its own. Bolded questions are followed by bulleted items outlining the **required** components of each response. Applicants are required to type the question number followed by the bolded question. Applicants are not required to retype the bullets, but **must** answer them completely. Responses **must** follow each question and address all bullets.

#### 5.3.1 What are the Mentor coalition’s strengths that will increase the likelihood that the Mentee coalition will become eligible to apply for DFC funding? (15 points)

- Discuss the history of the Mentor coalition’s successes and achievements, include measurable results in the prevention of substance use among youth (i.e., Past 30–day use, Perception of risk or harm, Perception of parental disapproval of use, Perception of peer disapproval of use for alcohol, tobacco, marijuana, and prescription drugs);
- Mentor coalition’s record of providing training and/or technical assistance in the community (i.e., stakeholders, leaders, neighboring communities);
- Evidence that the Mentor coalition is best suited to function as a Mentor to the Mentee community (i.e., sector members’ knowledge of the Mentee community);
- Projected involvement of the Mentor coalition’s 12 sectors members in working directly with the Mentee coalition; and
- Factors that led the Mentor coalition to determine that the Mentee has the potential to become an effective DFC coalition.

#### 5.3.2 What is the Mentee coalition’s developmental history? (20 points)

- Mentee coalition’s history and formation (i.e., specific events that led to formation, founding history);
- Efforts to mobilize, inform, and organize the Mentee coalition/community around the issue of youth substance use prevention, including efforts to engage stakeholders and DFC-required 12 sectors;
- Mentee coalition’s assessment of the community to determine what, if any barriers, will need to be addressed by the Mentee;
- Mentee coalition’s ability to increase coalition and community capacity to implement youth substance use prevention strategies and activities; and
- Mentee coalition’s efforts to ensure cultural competence, including adequate representation from diverse groups within the community to be served.

**5.3.3 What efforts has the Mentee community undertaken to assess the extent of youth substance use? (10 points)**

- Past efforts to assess local youth substance use problems;
- Determination of data sources to ensure coalition's ability to properly assess local issues in an ongoing manner;
- Processes that will be used by the coalition to prioritize current issues and problems to be addressed with future DFC and other funding; and
- Discuss future efforts the Mentee coalition has in place to continue assessing the extent of youth substance use in the community.

**5.3.4 What existing resources or conditions are present or lacking in the Mentee community to address youth substance use? (15 points)**

- Youth and adult volunteers, partners, organizations, programs and systems supporting youth substance use prevention;
- Other coalitions and organizations already working on public health and/or public safety issues that can support the Mentee coalition;
- Positive environmental conditions, policies and practices (e.g., outlet density, school policies, enforcement efforts); and
- Training and technical assistance for the coalition and community at-large.

**5.3.5 What will the Mentor coalition do during the first 12 months to assist the Mentee coalition in becoming eligible to apply for DFC funding? (25 points)**

This question is answered by developing a detailed 12-Month Mentoring Plan using Table 4. This is not necessarily a plan to address youth substance use in the Mentee community, but instead a plan to move the Mentee coalition toward DFC eligibility.

A comprehensive 12-Month Mentoring Plan will include all activities, training, and/or technical assistance to be implemented in preparing the Mentee towards becoming DFC eligible. The 12-Month Mentoring Plan should list all activities, training, and/or technical assistance whether it is provided by the Mentor coalition, Mentor sector members, or an outside entity.

**Creating a 12-Month Mentoring Plan:**

- The Mentoring Plan **must** fall within the text of the Project Narrative and **will** count toward the 25-page limit.
- Applicants **must** use the template provided in **Table 4**.
- The 12-Month Mentoring Plan **must** cover the period of September 30, 2016 to September 29, 2017.
- Applicants **must** use Times New Roman 12-point font in the Mentoring Plan and **must** adhere to all instructions provided in [Appendix C](#), Guidance for Electronic Submission of Applications.
- The Mentoring Plan **must** include at least the three goals provided in Table 4.

- The Mentoring Plan should be comprehensive to include all of the coalition’s efforts. Applicants may include as many objectives, strategies, and activities as necessary to create a comprehensive 12-Month Mentoring Plan.
- All objectives **must** be measurable:
  - Objectives **must** indicate type/amount of change
  - Objectives **must** indicate how much change will occur including the specific amount of increase or decrease
  - Objectives **must** include the specific population to be addressed.
  - Objectives **must** include a specific date (Month/Year) by when change will be accomplished
  - Objectives **must** indicate how change will be measured

## **12-MONTH MENTORING PLAN**

Applicants **must** use Table 4 below to outline the 12-Month Mentoring Plan. Cells in the following tables are intentionally left blank.

**Purpose:** The purpose of the DFC Mentoring grant is to assist newly forming coalitions in becoming eligible to apply for DFC funding on their own.

**Goal 1: Strengthen the Mentee coalition’s organizational structure.**

**Objective 1:** *Provide measureable objective.*

**Strategy 1:** *Provide specific strategy.*

**Table 4: 12-Month Mentoring Plan**

Activity	Who is responsible?	By when?

**Goal 2: Increase the Mentee coalition’s leadership and community readiness to address youth substance use problems in the Mentee community.**

**Objective 2:** *Provide measureable objective.*

**Strategy 1:** *Provide specific strategy.*

Activity	Who is responsible?	By when?

**Goal 3: Assist the Mentee coalition in working through a strategic planning process that will result in a comprehensive 12-Month Action Plan.**

**Objective 3:** *Provide measureable objective.*

**Strategy 1:** *Provide specific strategy.*



Activity	Who is responsible?	By when?

**5.3.6 How will the Mentor and Mentee coalition collaborate to ensure effective implementation of the 12-Month Mentoring Plan and disseminate the results to the community? (15 points)**

- Describe the frequency, mechanism (e.g., in-person, conference calls), and number of meetings;
- Describe the measures to be used to monitor progress and meet deadlines;
- Describe the process for identifying challenges in the Mentoring Plan and making revisions as needed; and
- Describe the plan for keeping the Mentee community, including coalition members, community and its leaders, informed of progress toward DFC eligibility.

**\*\* From this point forward, the information submitted does not count against your 25-page limit. \*\***

**6. SECTION B: 12-MONTH BUDGET NARRATIVE (NOT SCORED)**

In this section, applicants **must** provide a 12-Month Budget Narrative to include budget details and justification for expenditures. The 12-Month Budget Narrative **must** include a description of matching resources and other support that the coalition will receive. No more than **10 percent** of the grant award may be used for evaluation activities unless approved by a SAMHSA Government Project Officer and Grants Management Specialist. Applicants **must** use the template provided in [Appendix A](#), including providing a narrative description for each budget category for both federal requests and non-federal match. **There is no page limit for the 12-Month Budget Narrative.** The 12-Month Budget Narrative **must** be submitted as file two in Grants.gov (See [Appendix C](#), Guidance for Electronic Submission).

**7. SECTION C: REQUIRED ATTACHMENTS (NOT SCORED)**

**All attachment pages must be numbered. Applicants may hand-number pages if necessary.** Although these attachments are not scored by peer reviewers, they are critical to an application's ability to move forward to peer review. This information should follow Sections A and B of the application with continuous page numbers. It is extremely important to order and label these documents as indicated below. The FOA provides applicants with several "appendices."

**Applicants must submit all appendices as "Attachments" or the application will be screened out and not proceed to peer review.**



**NOTE:** Before you begin completing the attachments, review the **Pre-Submission Verification Checklist** in [Appendix N](#), the final page of your application. The Pre-Submission Verification Checklist will help ensure that all required documents are included in the application.

**Attachment 1 – Mentor Sector Table:** Use the template in [Appendix D](#), Table 22, to provide the Mentor Sector Table. Each Mentor **must** provide the names of the **12 sector representatives** that will be involved in mentoring the Mentee coalition. If mentoring more than one coalition and if the individuals involved are different, applicants **must** submit a Mentor Sector Table for each Mentee coalition.

**Attachment 2 – Mentor Coalition Involvement Agreements:** Applicants may use the template provided in [Appendix E](#), but may also use agreements already collected by the coalition as long as they are **no more than** 12 months old at the time of application. Table 23 (Mentor CIA Table) **must** be included at the top of each CIA. All signatures **must** be handwritten and dated.

**Attachment 3 – Mentee Sector Table:** Use the template in [Appendix F](#), Table 24. Each Mentee **must** provide the names of as many of the 12 sector representatives as possible at the time of application submission. If the sector representative can be named, but has not yet been secured, include that individual in the chart and remark that he/she has not yet been recruited. If more than one coalition is being mentored, applicants **must** submit a separate Mentee Sector Table for each Mentee coalition.

**Attachment 4 - Mentee Coalition Involvement Agreements:** At the time of application submission, the Mentee coalition is **not** required to have active representation from all of the required 12 sectors, as written in the DFC Act. For sectors listed in Attachment 3 as not yet recruited, a CIA is not required. The Mentee coalition may describe the individual/organization's key role/contribution to the coalition. If to be recruited, it may briefly describe the plan to recruit a member for this sector and what his/her role/contribution will likely be. If mentoring more than one coalition and if the individuals involved are different, applicants **must** submit CIAs for the additional Mentee coalition(s). Applicants may use the template provided in [Appendix G](#), but may also use agreements already collected by the coalition as long as they are **not more than** 12 months old by the application deadline. Table 25 (Mentee CIA Table) **must** be included at the top of each CIA. All signatures **must** be handwritten and dated.

**Attachment 5 – Mentor Coalition General Information:** Applicants **must** provide the completed chart in Table 26 in [Appendix H](#).

**Attachment 6 – Mentee Coalition General Information:** Applicants **must** provide the completed chart in Table 27 in [Appendix I](#).

**Attachment 7 – Memorandum of Understanding:** Applicants **must** provide a separate **Memorandum of Understanding (MOU) between the Mentor coalition and each Mentee coalition (if more than one)**. This agreement **must** outline the scope of work and expectations for both parties. The MOU should also include a statement that the Mentee coalition has contributed to the application being submitted and agrees with the proposed Mentoring Plan.

The template in [Appendix J](#) may be used. All signatures **must** be handwritten and dated. MOUs **must not** be more than 12 months old at the time of application.

**Attachment 8 – Resumes and Job Descriptions:** Applicants **must** include a resume (no longer than two pages) and a position description (no longer than one page) for the Program Director and Project Coordinator, and each additional key paid or in-kind position. If a person has been selected but not yet hired, include a letter of commitment from that individual along with the resume and position description. If no individual has been identified for a position, a position description is still required along with an overview of the hiring plan. The key staff positions may be funded under this grant for either the Mentor or Mentee coalitions (or both), or through other Mentor coalition resources. Information on what should be included in resumes and position descriptions can be found in [Appendix K](#).

**Attachment 9 – Intergovernmental Review (E.O. 12372) Requirements** (*Letter to the Single State Agency*): If applicable, applicants **must** include a copy of the letter to the Single State Agency (SSA) showing that the applicant has informed the SSA contact person that an application has been submitted for a DFC Mentoring grant. Information related to this attachment is found in [Appendix L](#), Intergovernmental Review Requirements.

**Attachment 10 – Congressional Notification:** All applicants **must** include a Congressional Notification. The Project Description section **must** not be more than 35 lines; therefore, the Congressional Notification **must not** exceed one page. This document should include a simple summary of your coalition's efforts. This information will be utilized to provide 48-hours of notice to your Congressional Members should you receive a DFC Mentoring award. Using the template provided in [Appendix M](#), include specific information pertaining to your grant application.

**Pre-Submission Verification Checklist** – The final page of your application should be the checklist found in [Appendix N](#), the Pre-Submission Verification Checklist. Be sure that you have included all documents listed in the Pre-Submission Verification Checklist before submitting your application.

## **VI. ADMINISTRATIVE INFORMATION**

### **1. AWARD NOTICES AND APPLICATION SUMMARY STATEMENTS**

By the end of **September 2016**, the list of awardees will be posted at <http://www.whitehouse.gov/ondcp/Drug-Free-Communities-Support-Program>. For all awardees, a Notice of Award (NoA) will then be sent electronically to the individual listed as the Business Official on the Application for federal Assistance. The NoA is the sole obligating document that allows the recipient to receive federal funding for work on the grant project.

By the end of **October 2016** all applicants whose applications were sent to peer review will receive a letter from SAMHSA through postal mail and sent to the individual listed as the Business Official on the Application for Federal Assistance. This document will contain the peer

review score and summarized comments. If an applicant is not funded, the applicant may re-apply if there is another receipt date for the DFC Mentoring Program in the future.

## **2. ADMINISTRATIVE AND NATIONAL POLICY REQUIREMENTS**

- If your application is funded, you must comply with all terms and conditions of the grant award. SAMHSA's standard terms and conditions are available on the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/notice-award-noa/standard-terms-conditions>.
- If your application is funded, you must also comply with the administrative requirements outlined in 45 CFR Part 75. For more information see the SAMHSA website at <http://www.samhsa.gov/grants/grants-management/policies-regulations/requirements-principles>.
- Depending on the nature of the specific funding opportunity and/or your proposed project as identified during review, SAMHSA may negotiate additional terms and conditions with you prior to grant award. These may include, for example:
  - actions required to be in compliance with confidentiality and participant protection/human subjects requirements;
  - requirements relating to additional data collection and reporting;
  - requirements relating to participation in a cross-site evaluation;
  - requirements to address problems identified in review of the application; or
  - revised budget and narrative justification.
- If your application is funded, you will be held accountable for the information provided in the application relating to performance targets. SAMHSA program officials will consider your progress in meeting goals and objectives, as well as your failures and strategies for overcoming them, when making an annual recommendation to continue the grant and the amount of any continuation award. Failure to meet stated goals and objectives may result in suspension or termination of the grant award, or in reduction or withholding of continuation awards.
- Accessibility Provisions for All Grant Application Packages and Funding Opportunity Announcements

Recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. HHS provides guidance to recipients of FFA on meeting their legal obligation to take reasonable steps to provide meaningful access to their programs by

persons with limited English proficiency. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html>. The HHS Office for Civil Rights also provides guidance on complying with civil rights laws enforced by HHS. Please see <http://www.hhs.gov/ocr/civilrights/understanding/section1557/index.html>; and <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. Recipients of FFA also have specific legal obligations for serving qualified individuals with disabilities. Please see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>. Please contact the HHS Office for Civil Rights for more information about obligations and prohibitions under federal civil rights laws at <http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html> or call 1-800-368-1019 or TDD 1-800-537-7697. Also note it is an HHS Departmental goal to ensure access to quality, culturally competent care, including long-term services and supports, for vulnerable populations. For further guidance on providing culturally and linguistically appropriate services, recipients should review the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care at <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>.

- A special term of award may be included in the final NoA that states: “On June 26, 2013, in United States v. Windsor, the Supreme Court held that section 3 of the Defense of Marriage Act (DOMA), which prohibited federal recognition of same-sex marriages, was unconstitutional. As a result of that decision and consistent with HHS policy, SAMHSA recognizes same-sex marriages and same-sex spouses on equal terms with opposite sex-marriages and opposite-sex spouses, regardless of where the couple resides. On June 26, 2015, in Obergefell v. Hodges, the Court held that the Fourteenth Amendment requires a State to license a marriage between two people of the same sex and to recognize a marriage between two people of the same sex when their marriage was lawfully licensed and performed out-of-state. Consistent with both of these decisions, you must treat as valid the marriages of same- sex couples. This policy does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under state law as something other than a marriage.”
- Grant funds cannot be used to supplant current funding of existing activities. “Supplant” is defined as replacing funding of a recipient’s existing program with funds from a federal grant.
- A term may be added to the NoA which states:” Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following addresses:

SAMHSA  
Attention: Office of Financial Advisory Services  
5600 Fishers Lane  
Rockville, MD 20857

**AND**

U.S. Department of Health and  
Human Services Office of Inspector  
General  
ATTN: Mandatory Grant Disclosures, Intake  
Coordinator 330 Independence Avenue, SW,  
Cohen Building  
Room 5527  
Washington, DC 20201

Fax: (202) 205-0604 (Include “Mandatory Grant Disclosures” in subject line) or email:

[MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371 Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321).”

- A term may be added to the NoA that states: “In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000, must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a federal award that reached final disposition within the most recent five-year period. The recipient also must make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75.”

### **3. REPORTING REQUIREMENTS**

In addition to the data reporting requirements listed in [Section I-2.4](#), you **must** comply with the following reporting requirements:

## **PROGRESS AND FINANCIAL REPORTS**

Each year, recipients are required to submit a program progress report and various financial reports. Full details regarding specific due dates are available at <http://www.whitehouse.gov/ondcp/information-for-current-grantees>.

## **PUBLICATIONS**

If you are funded under this grant program, you are required to notify the Government Project Officer (GPO) and SAMHSA's Publications Clearance Officer (240-276-2130) of any materials based on the SAMHSA-funded grant project that are accepted for publication. In addition, SAMHSA requests that recipients:

- Provide the GPO and SAMHSA Publications Clearance Officer with advance copies of publications.
- Include acknowledgment of the ONDCP and SAMHSA grant program as the source of funding for the project.
- Include a disclaimer stating that the views and opinions contained in the publication do not necessarily reflect those of SAMHSA, the U.S. Department of Health and Human Services, or the Executive Office of the President, Office of National Drug Control Policy, and should not be construed as such.

SAMHSA and ONDCP reserve the right to issue a press release about any publication deemed by SAMHSA and ONDCP to contain information of program or policy significance to the substance abuse prevention community.

## **VII. AGENCY CONTACTS**

### **For questions about program issues contact:**

DFC FOA Helpline Team  
Division of Community Programs  
Phone: (240) 276-1270  
Email: [dfcnew@samhsa.hhs.gov](mailto:dfcnew@samhsa.hhs.gov)

### **For questions on grants management and budget issues contact:**

Jennifer Cramer  
Office of Financial Resources, Division of Grants Management  
Substance Abuse and Mental Health Services Administration  
5600 Fishers Lane  
17<sup>th</sup> Floor  
Rockville, Maryland 20857  
(240) 276-1400  
[DGM@samhsa.hhs.gov](mailto:DGM@samhsa.hhs.gov)

## Appendix A: Sample Budget

(Includes Budget Terminology and Sample 12-Month Budget Narrative)

### **Budget Preparation:**

The 12-Month Budget Narrative is used to determine reasonableness and allowability of costs in a DFC application. All of the proposed costs listed, whether supported by grant funds or match, **must** be reasonable, necessary to accomplish project objectives, allowable in accordance with applicable federal cost principles, auditable, and incurred during the project period. All figures **must** be rounded to the nearest dollar.

Before developing a budget, applicants should review SAMHSA's guidelines, available at <http://www.samhsa.gov/grants/grants-management/policies-regulations/financial-management-requirements> to determine cost sharing expectations and restrictions on the types of costs that may appear in the budget.

### **Budget Terminology:**

**Allowable Cost:** An allowable project cost is a cost that is:

1. Reasonable for the performance of the award.
2. Allocable
3. In conformance with any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost.
4. Consistent with the recipient's regulations, policies, and procedures which are applied uniformly to both federally-supported and other activities of the organization.
5. Accorded consistent treatment as a direct or indirect cost.
6. Determined in accordance with generally accepted accounting principles.
7. Not included as a cost in any other federally-supported award.

**Cost Principles:** The cost principles address the following four tests in determining the allowability of costs:

1. **Reasonableness** - (including necessity). A cost is reasonable if it does not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost.
2. **Allocability** - A cost may be allocated to a specific grant, function, department, or other component, known as a cost objective, if the goods or services involved are chargeable or



assignable to that cost objective in accordance with the relative benefits received or other equitable relationship.

3. **Consistency** - Regulations regarding cost assignment **must** be consistent for all work of the organization under similar circumstances, regardless of the source of funding, to avoid duplicate charges.
4. **Conformance** - Conformance with limitations and exclusions contained in the Terms and Conditions of award, including those in the cost principles, may vary by the type of activity, the type of recipient, and other characteristics of individual awards.

These four tests apply regardless of whether the particular category of costs is one specified in the cost principles or one governed by other Terms and Conditions of an award. These tests also apply regardless of categorization as a direct cost or an indirect cost. The fact that a grant is awarded does not indicate a determination of allowability of all proposed costs.

**Key Personnel:** Individuals who contribute to the project in a substantive, measurable way, whether or not they receive salaries or other compensation under the grant (i.e., Program Director, Project Coordinator). **The Program Director and the Project Coordinator may be the same person.**

- **Program Director:** An individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation. (Person listed in Part C of the Checklist found in the Grant Application Package)
- **Project Coordinator:** An individual who coordinates the work of the coalition and DFC activities, including training, coalition communication, data collection, and information dissemination. The Project Coordinator will be listed on the DFC website if a grant is awarded.

**Level of Effort:** The direct time spent by an individual on DFC Mentoring Program-related work. Across all projects/grants/positions, the level of effort for an individual may not exceed 100 percent.

**Direct Costs:** Costs that can be identified specifically with a particular award, project, program, service, or other organizational activity, or that can be directly assigned to an activity with a high degree of accuracy. Normally, direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported project or program.

**Indirect Costs (if applicable):** Also known as “facilities and administrative costs”, indirect costs are costs that cannot be specifically identified with a particular project, program, or activity, but are necessary to the operation of the organization (i.e., overhead). Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that are usually treated as indirect costs. The organization **must** not include costs associated with its indirect rate as direct costs. Indirect costs require a negotiated indirect cost rate agreement. If indirect costs are claimed, an indirect cost rate agreement **must** be submitted with the application.



**Research indirect cost rates are not allowable and will not be accepted. For more information on the establishment of indirect cost rate agreements, contact the Division of Cost Allocation (DCA).** Regional contact information can be found at the following DCA website: <http://www.psc.gov/financial/indirect-cost-negotiations.html>. Effective with 45 CFR 75.414(f), any non-federal entity that has never received a negotiated indirect cost rate, except for those non-federal entities described in Appendix VII to part 75 (D)(1)(b) may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

**Total Project Costs (Direct and Indirect):** The total allowable costs charged to the award during a budget period, whether paid by federal funds or contributed to meet the matching requirement, and the value of any third-party in-kind contributions counted toward the recipient's matching requirement.

**Budget Expectations:** If an applicant has sufficient match to allow a budget request of the full \$75,000, the applicant should round up the final budget figures to equal \$75,000. **Applicants will not receive a higher score for requesting less than \$75,000.** Applicants are also strongly encouraged to apply for the full \$75,000 for the second year of funding in their budget forecast even if they are not able to apply for full funding in the first year due to insufficient match.

**The amount requested in this original application for the second year establishes the maximum amount that the applicant can receive in that year, if awarded.**

Recipients are required to submit an annual budget request each year. The annual amount requested can be less than \$75,000 due to challenges such as insufficient match, but can never be greater than the amount indicated in this submission. Therefore, it is more advantageous to request the full \$75,000 for the second year. **Avoid conflict of interest within proposed contractual costs. See the definition of Conflict of Interest and examples below:**

<p><b>Conflict of Interest:</b> Federal regulations prohibit the appearance and existence of conflict of interest situations for employees, officials, and agents of the organization.</p> <p>Reference – 45 CFR 75/ 2 CFR 200.318112</p>	<p><b>Examples:</b> An officer or employee has an interest in a company selected for a contract or consulting relationship, such as through their ownership, the ownership by a family member or through financial or other business ties (for example, sector members).</p> <p>Nepotism - an employee is supervised by a family member under the federally sponsored project.</p> <p>An individual is contracted to be a grant writer and/or provide input into the grant application. This individual is then written into the grant application to be an evaluator, program director, project coordinator, etc. for the applicant organization. This would violate the federal competition rules because contractors involved with the writing or preparation of the application cannot compete for contracts under the grant.</p> <p>Recipients will be required to alert the DFC Administrator of any organizational conflicts of interest as well as noncompetitive</p>
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	practices among contractors that may restrict or eliminate competition.
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**SAMPLE 12-MONTH BUDGET NARRATIVE  
(FOR COMPLETING SF-424A: SECTION FOR FIRST YEAR OF THE FUNDING CYCLE)**

Please use the format below for submitting a 12-Month Budget Narrative for [Section B](#).

- A. Personnel:** An employee of the applying agency whose work is tied to the application. Proposed salaries **must** be reasonable. Compensation paid for employees **must** be reasonable and consistent with that paid for similar work within the applicant's organization and similar positions in the industry.

**Table 5: Federal Request**

Position	Name	Annual Salary / Rate	Level of Effort	Cost
Mentor Program Director	Dee F. Cee	\$64,890	10%	\$6,489
Mentor Project Coordinator	To be selected	\$46,276	25%	\$11,569
Mentee Project Coordinator	Sarah Smith	\$35,000	25%	\$8,750
			<b>TOTAL</b>	<b>\$26,808</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the personnel funds requested and how their use will support the purpose and goals of this proposal. Describe the role, responsibilities, and unique qualifications of each position.

**Table 6: Non-Federal Match**

Position	Name	Annual Salary / Rate	Level of Effort	Cost
Volunteer Coordinator	Ron Jones	\$23,000	15%	\$3,450
Clerical Support	Susan Johnson	\$13.38/hr. x 100 hr.		\$1,338
			<b>TOTAL</b>	<b>\$4,788</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the personnel matching funds provided and how their use will support the purpose and goals of this proposal. Describe how the matching funds will enhance the federal budget request.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6a of form SF-424A): **\$26,808**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6a of form SF-424A): **\$4,788**

- B. Fringe Benefits:** Fringe benefits may include contributions for items such as social security, employee insurance, and pension plans. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. List all components of the fringe benefits rate.

**Table 7: Federal Request**

Component	Rate	Wage	Cost
FICA	7.65%	\$26,808	\$2,051
Workers Compensation	2.5%	\$23,564	\$589
Insurance	10.5%	\$23,564	\$2,474
		<b>TOTAL</b>	<b>\$5,114</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the fringe funds requested, how the rate was determined, and how their use will support the purpose and goals of this proposal. Fringe should reflect the rate for the agency.

**Table 8: Non-Federal Match**

Component	Rate	Wage	Cost
FICA	7.65%	\$4,788	\$366
Workers Compensation	2.5%	\$4,788	\$120
Insurance	10.5%	\$4,788	\$503
		<b>TOTAL</b>	<b>\$989</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the fringe matching funds provided and how the rate was determined.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6b of form SF-424A): **\$5,114**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6b of form SF-424A): **\$989**

- C. Travel:** Explain need for all travel other than that required by this application. Local travel policies prevail. The lowest available commercial fares for coach or equivalent accommodations **must** be used. **NOTE:** Recipients will be expected to follow federal travel policies found at <http://www.gsa.gov>.

**Table 9: Federal Request**

Purpose of Travel	Location	Item	Rate	Cost
<b>New Grant Award Recipient Training</b>	Washington, DC	Airfare	\$300/flight x 3 persons	\$900
<b>New Grant Award Recipient Training</b>	Washington, DC	Hotel	\$200/night x 3 persons x 4 nights	\$2,400
<b>New Grant Award Recipient Training</b>	Washington, DC	Per Diem (meals)	\$71/day x 3 persons x 4 days	\$852
National Coalition Academy	Fort Indiantown Gap, PA (Tentative Site)	Air	\$200/flight x 3 flights x 2 people	\$1,200
National Coalition Academy	Fort Indiantown Gap, PA	Ground Transportation (rental car)	\$200/week x 3 weeks	\$600
Local travel		Mileage	999 miles x \$0.50/mile	\$500
			<b>TOTAL</b>	<b>\$6,452</b>

**BUDGET NARRATIVE JUSTIFICATION:** Describe the purpose of travel and how costs are determined.

**NOTE:** The grant requires that the Mentor coalition staff person overseeing the DFC Mentoring grant and one Mentee coalition member attend the **New Grant Award Recipient Training** in Washington, DC.

Mentee coalitions that are being mentored for the full two-year term are required to enroll in the National Coalition Academy (NCA) at some point during their Mentoring grant. Mentee coalitions only mentored for a one-year term are encouraged, but not required, to attend. The NCA is a three-week training program spread out over the course of several months. The local travel rate should be based on the agency's personally owned vehicle (POV) reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>.

**Table 10: Non-Federal Match**

Purpose of Travel	Location	Item	Rate	Cost
Regional Training Conference	Chicago, IL	Airfare	\$275/flight x 3 persons	\$825

Purpose of Travel	Location	Item	Rate	Cost
Regional Training Conference	Chicago, IL	Hotel	\$250/night x 3 persons x 2 nights	\$1,500
Regional Training Conference	Chicago, IL	Per Diem (meals)	\$71/day x 3 persons x 2 days	\$426
Local Travel	Group meetings	Mileage	2,298 miles x \$0.50/mile	\$1,149
			<b>TOTAL</b>	<b>\$3,900</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the travel matching funds provided and how their use will support the purpose and goals of this proposal. Describe how the matching funds will enhance the federal budget request. The local travel rate should be based on the agency's personally owned vehicle (POV) reimbursement rate, which should correspond with the GSA rate found at <http://www.gsa.gov>.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6c of form SF-424A): **\$6,452**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6c of form SF-424A): **\$3,900**

**D. Equipment:** Permanent equipment may be charged to the project only if the applicant can demonstrate that purchase will be less expensive than rental. Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more. If the applying agency defines "equipment" at a lower rate, then follow the applying agency's policy.

**Table 11: Federal Request**

Item(s)	Rate	Cost
None	\$0	\$0
	<b>TOTAL</b>	<b>\$0</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the equipment and how its purchase will support the purpose and goals of this proposal.

**Table 12: Non-Federal Match**

Item(s)	Rate	Cost
None	\$0	\$0
	<b>TOTAL</b>	<b>\$0</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the equipment and how its purchase will support the purpose and goals of this proposal.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6d of form SF-424A):\$ **0**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6d of form SF-424A):\$ **0**

**E. Supplies:** Materials costing less than \$5,000 per unit and often having one-time use.

**Table 13: Federal Request**

Item(s)	Rate	Cost
Presentation supplies	\$30/presentation x 12	\$360
Postage	\$37/mo. x 12 mo.	\$444
Meeting supplies	\$10/meeting x 26 meetings	\$260
Copies	10,000 copies x \$0.10/copy	\$1,000
	<b>TOTAL</b>	<b>\$2,064</b>

**BUDGET NARRATIVE JUSTIFICATION:** Describe the need and include an adequate justification of how each cost was estimated

**Table 14: Non-Federal Match**

Item(s)	Rate	Cost
Postage	\$37/mo. x 12 mo. x 5 groups	\$2,220
	<b>TOTAL</b>	<b>\$2,220</b>

**BUDGET NARRATIVE JUSTIFICATION:** Enter a description of the supplies match provided and how their use will support the purpose and goals of this proposal. Describe how the matching funds will enhance the federal budget request. Please note that items such as computers, desks, and projection equipment may be counted as match only once throughout the life of the project.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6e of form SF-424A):\$ **2,064**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6e of form SF-424A):\$ **2,220**

**F. Contracts:** A contractual arrangement cost to carry out a portion of the programmatic effort by a third-party contractor or for the acquisition of goods or services under the grant. Such

arrangements may be in the form of consortium agreements or contracts. If there is more than one contractor, each **must** be budgeted separately. A consultant is a non-employee retained to provide advice and expertise in a specific program area for a fee. The Recipient **must** establish written procurement policies and procedures that are consistently applied. All procurement transactions are required to be conducted in a manner to provide to the maximum extent practical, open and free competition. The Recipient will be required to be alert to organizational conflicts of interest as well as noncompetitive practices among contractors that may restrict or eliminate competition or otherwise restrain trade.

**COST FOR CONTRACTS MUST BE BROKEN DOWN IN DETAIL AND A BUDGET NARRATIVE JUSTIFICATION PROVIDED.**

**Table 15: Federal Request**

Name	Service	Rate	Other	Cost
To be selected	Needs Assessment Training	\$150/day	15 days	\$2,250
	Travel	\$0.50/mile	352 miles	\$176
To be selected	Strategic Planning Facilitator	\$50/hour	200 hours	\$10,000
To be selected	Environmental Strategies Training	\$250/day	18 days	\$4,500
			<b>TOTAL</b>	<b>\$16,926</b>

**BUDGET NARRATIVE JUSTIFICATION:** Explain the need for each agreement and how it will support the purpose and goals of this proposal.

**Table 16: Non-Federal Match**

Name	Service	Rate	Other	Cost
Mentoring group	Training	\$17.50/hr.	5 days x 8 hrs./day x 5 participants x \$17.50/hr.	\$3,500
Individual time	Needs Assessment	\$17.50/hr.	2hr./wk. x 52 wks. x 10 participants x \$17.50/hr.	\$18,200
Coalition Training	Needs Assessment training	\$17.50/hr.	4 hr./mo. x 12 mo. x 5 participants x \$17.50/hr.	\$4,200

Name	Service	Rate	Other	Cost
Community Meeting	Coordination	\$17.50/hr.	4 hr./meeting x 12 meetings x 6 participants x \$17.50/hr.	\$5,040
To be named	Coalition Prevention 101 Training	\$250/day	6 days	\$1,500
			<b>TOTAL</b>	<b>\$32,440</b>

**BUDGET NARRATIVE JUSTIFICATION:** Explain the need for each match contract agreement and how it will support the goals of this proposal. Describe how the matching funds will enhance the federal budget request.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6f of form SF-424A): **\$16,926**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6f of form SF-424A): **\$32,440**

**G. Construction: NOT ALLOWED** –Leave Section B columns 1& 2 line 6g on SF-424A blank: Section B columns 1 and 2 line 6g.

**H. Other:** Expenses not covered in any of the previous budget categories. If anyone related to the project owns the building which is less-than-arm's length<sup>1</sup> arrangement, provide cost of ownership/use allowance calculations. Additionally, the lease is required and **must** be submitted for all projects allocating rent costs.

**Table 17: Federal Request**

Item	Rate	Cost
Student Surveys	\$1/survey x 10,000	\$10,000
Coalition Brochures	\$0.89/brochure x 6,024 brochures	\$5,361
	<b>TOTAL</b>	<b>\$15,361</b>

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<sup>1</sup> "less-than-arms-length" lease is one under which one party to the lease agreement is able to control or substantially influence the actions of the other. Such leases include, but are not limited to those between a division of a non-profit organization, non-profit organization and a director, trustee, officer, or key employee of the non-profit organization or his immediate family, either directly or through corporations, trusts, or similar arrangements in which they hold a controlling interest)



**BUDGET NARRATIVE JUSTIFICATION:** Explain the need for each item and how it will support the purpose and goals of this proposal.

**Table 18: Non-Federal Match**

Item	Rate	Cost
Space rental	Varies between \$75/event to over \$300/event	\$11,500
Youth Program	6 adult leaders x 10 hrs./mo. x \$17.50/hr. x 12 mo. CIA demonstrates breakout of services	\$12,600
Internet Service	\$40.00/month x 12 months	\$ 480
Student surveys	\$1/survey x 3,401 surveys	\$3,401
Coalition Brochures	\$0.89/brochure x 809 brochures	\$720
Printing	\$300/run x 5 runs	\$1,500
	<b>TOTAL</b>	<b>\$ 30,201</b>

**BUDGET NARRATIVE JUSTIFICATION:** Explain the need for each match item and how it will support the purpose and goals of this proposal. Break down costs into cost/unit (e.g., cost/square foot) and explain the use of each item requested. Describe how the matching funds will enhance the federal budget request.

**SOURCE OF MATCH FUNDS:** State source of match funds.

**FEDERAL REQUEST** (enter in Section B column 1 line 6h of form SF-424A): **\$15,361**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6h of form SF-424A): **\$30,201**

**TOTAL DIRECT COSTS:**

**FEDERAL REQUEST** (enter in Section B column 1 line 6i of form SF-424A): **\$72,725**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6i of form SF-424A): **\$74,538**

**TOTAL INDIRECT COSTS<sup>2</sup>:**

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<sup>2</sup> If claiming indirect costs and a rate has been established, include a copy of the fully executed, negotiated, indirect cost agreement. For information on applying for the indirect rate go to:  
<https://rates.psc.gov/fms/dca/map1.html>

**FEDERAL REQUEST** (enter in Section B column 1 line 6j of form SF-424A): **\$2,275**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6j of form SF-424A): **\$462**

**TOTAL PROJECT COSTS: Sum of Total Direct Costs and Indirect Costs**

**FEDERAL REQUEST** (enter in Section B column 1 line 6k of form SF-424A): **\$75,000**

**NON-FEDERAL MATCH** (enter in Section B column 2 line 6k of form SF-424A): **\$75,000**

**Provide the total proposed period and federal funding as follows:**

**Table 19: Budget Summary**

Category	Federal Request	Non-Federal Match	Total
Personnel	\$26,808	\$4,788	\$28,352
Fringe Benefits	\$5,114	\$989	\$5,855
Travel	\$6,452	\$3,900	\$10,353
Equipment	0	0	0
Supplies	\$2,064	\$2,220	\$4,084
Contractual	\$16,926	\$32,440	\$49,366
Other	\$15,361	\$30,201	\$49,254
Total Direct Costs	\$72,725	\$74,538	\$147,264
Indirect Costs	\$2,275	\$462	\$2,736
<b>Total Project Costs</b>	<b>\$75,000</b>	<b>\$75,000</b>	<b>\$150,000</b>

The federal dollars requested for all object class categories for the first 12-month period are entered on SF-424A, Section B, Column 1, line 6a-6i.

**CALCULATION OF FUTURE BUDGET PERIOD  
BASED ON FIRST 12-MONTH BUDGET PERIOD**

Input, review, and verify the accuracy of your second year budget estimate. Increases or decreases in the second year compared to the first **must** be explained and justified. Total federal share is not to exceed \$75,000.

**Table 20: Second Year Budget Estimate**

<b>Category</b>	<b>2nd project year Federal</b>	<b>2nd project year match</b>
Personnel	\$26,808	\$4,788
Fringe Benefits	\$5,114	\$989
Travel	\$6,452	\$3,900
Equipment	0	\$0
Supplies	\$2,064	\$4,000
Contractual	\$16,926	\$39,000
Other	\$15,361	\$21,861
Total Direct Costs	\$72,725	\$74,538
Indirect Costs	\$2,275	\$462
<b>Total Project Costs</b>	<b>\$75,000</b>	<b>\$75,000</b>

Provide reason(s) for anticipated changes from the first year budget.

**NOTE:** The total federal dollars (direct + indirect costs) requested for the second year 12 month budget period is entered on SF-424A, Section E: Column (b) = Year Two. The amounts entered onto SF-424A, Section E of the SF-424A is used to determine the maximum federal funds a recipient may request in each of the project years. Failure to complete this chart will mean that a funded application cannot receive funding in the remaining year of the 2-year funding cycle.

## Appendix B: Formatting Requirements Checklist and Screen-Out Criteria for SAMHSA Grant Applications

**SAMHSA requires electronic submission for grant applications through Grants.gov.**

Registration in the System for Award Management (SAM) is **mandatory for any applicant** for the DFC Mentoring Program. Failure to register with SAM will lead to an application being deemed ineligible and will not proceed to peer review. It takes up to 72 hours for a SAM registration to be processed. Do **not** wait until the day the application is being submitted to register for SAM, as there will not be enough time for the registration to process and your application will not make the deadline.

You **must** be registered in the SAM prior to submitting your application. The DUNS number used on your application **must** be registered and active in SAM prior to submitting your application. **If SAM is not active prior to submission, the application will be screened out and will not be reviewed.**

**NOTE:** Grants.gov will reject any application that **does not** have an updated SAM registration.

SAMHSA's goal is to review all applications submitted for grant funding. However, this goal **must** be balanced against SAMHSA's obligation to ensure equitable treatment of applications. For this reason, SAMHSA has established certain formatting requirements for its applications. **If you do not adhere to these requirements, your application will be screened out and will not be considered for funding.**

- Applications **must** be received by the application due date and time, as detailed in [Section IV-2](#) of this FOA.
- Information provided **must** be sufficient for review.
- Text **must** be legible. Pages **must** be typed in black ink, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. See requirements for electronic submission of applications in [Appendix C](#) of this FOA.
- The **25-page limit** for the Project Narrative cannot be exceeded.

To facilitate review of your application, follow these additional guidelines. Failure to adhere to the following guidelines will not, in itself, result in your application being screened out. However, the information provided in your application **must** be sufficient for review. Following these guidelines will help ensure your application is complete, and will help in the review of your application.

- The required application components should be submitted in the order described in [Section IV-1.1](#) of this FOA.
- Pages should be typed single-spaced in black ink with no columns.

- Pages should be numbered consecutively from beginning to end, starting with the Table of Contents as page 1, so that information can be located easily during review of the application (hand write page numbers if necessary). Do not number the four pages of SF-424 and the two pages of the SF-424A placed before the Table of Contents. Attachments should be labeled and separated from the Project Narrative and 12-Month Budget Narrative, and the pages should be numbered to continue the sequence.

## Appendix C: Guidance for Electronic Submission of Applications

**SAMHSA requires electronic submission for grant applications through Grants.gov.**

Grants.gov will reject applications submitted after 11:59 PM Eastern Time on the application due date.

The purpose of this Appendix is to provide critical guidance to help applicants successfully navigate the electronic submission process. In rare cases where submission issues arise, options exist for assisting every single applicant with the electronic submission process. The information that follows provides:

- Actions that should be taken **before** the electronic submission process is initiated
- Steps that should be taken to submit an application electronically
- Information and contacts for resolving issues if they arise

### I. Preparing to Submit an Application

**To avoid any submission issues please allow at least two weeks (10 business days) for completion of registration processes, prior to submitting your application.** The electronic submission process through Grants.gov requires completion of three separate registration processes before an application can be submitted. It is recommended that you check to ensure these registration processes are completed or in process as soon as you download the application. The processes are:

#### A. DUNS Number Registration

**The DUNS number you use on your application must be registered and active in the System for Award Management (SAM).**

#### B. SAM Registration

The SAM is a federal government owned and operated free website that replaces capabilities of the former Central Contractor Registry (CCR) system, as well as EPLS.

**SAM information must be updated at least every 12 months to remain active (for both recipients and sub-recipients).** Once you update your record in SAM, it can take 48 to 72 hours to complete the validation processes. **Grants.gov will reject electronic submissions from applicants with expired SAM registrations. To create a user account, Register/Update entity and/or Search Records, go to <https://www.sam.gov>.**

You will find a *Quick Start Guide for Entities Interested in Being Eligible for Grants through SAM* at

[https://www.sam.gov/sam/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/sam/transcript/Quick_Guide_for_Grants_Registrations.pdf).

### C. Grants.gov Registration (get username and password):

Be sure the person submitting your application is properly registered with Grants.gov as the Authorized Organization Representative (AOR) for the specific DUNS number cited on the first page of the SF-424. See the Organization Registration User Guide for details at the following Grants.gov link: <http://www.grants.gov/web/grants/register.html>

You can find additional information on the registration process at <http://www.grants.gov/web/grants/applicants/organization-registration.html>

## II. Electronic Submission

### A. Guidance

To submit your application electronically, search <http://www.Grants.gov> for the downloadable application package by the FOA number (called the funding opportunity number) or by the Catalogue of Federal Domestic Assistance (CFDA) number. The FOA number and CFDA number are provided on the cover page of this funding announcement.

You **must** follow the instructions in the User Guide available at the <http://www.Grants.gov> apply site, on the Help page.

Please allow sufficient time to enter your application into Grants.gov. When you submit your application, you will receive a notice that your application is being processed and that you will receive two e-mails from Grants.gov within 24-48 hours. One e-mail will confirm receipt of the application in Grants.gov, and the other will indicate that the application was either successfully validated by the system (with a tracking number) or rejected due to errors. It will also provide instructions that if you do not receive a receipt confirmation **and** a validation confirmation or a rejection e-mail within 48 hours, you **must** contact Grants.gov directly. It is important that you retain this tracking number. **Receipt of the tracking number is the only indication that Grants.gov has successfully received and validated your application.**

Please note that it is the responsibility of the applicant to monitor and ensure that the application is successfully received and validated by Grants.gov. **If the application is not successfully validated by Grants.gov, it will not be forwarded to SAMHSA as the receiving institution.**

SAMHSA highly recommends that you submit your application 10 business days before the submission deadline. Many submission issues can be fixed within that time and you can attempt to re-submit. However, if you have not completed your Grants.gov, SAM, and DUNS registration at least 2 weeks prior to the submission deadline, it is highly unlikely that these issues will be resolved in time to successfully submit your electronic application.

## B. How to Submit an Electronic Application

1. **Format:** It is strongly recommended that you prepare your Project Narrative and other attached documents in Adobe PDF format. If you do not have access to Adobe software, you may submit in Microsoft Office 2007/2010 products (e.g., Microsoft Word 2007/2010, Microsoft Excel 2007/2010, etc.). Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than Adobe PDF or Microsoft Office 2007/2010 may result in your file being unreadable by SAMHSA staff.
2. **Application Package:** Before you begin, download the Grant Application Package from Grants.gov. On the Grants.gov site (<http://www.Grants.gov>), select the 'Apply for Grants' option from the 'Applicants' Tab at the top of the screen. You will be directed to the '[Apply for Grants](#)' page. Download both the Application Instruction and Application Package on the 'Apply for Grants' page. Click on the 'Get Application Package' tab located on the right of the Grants.gov 'Apply for Grants' page. You will be directed to the '[Get Application Package Now](#)' page where you will search for the appropriate funding announcement number (called the funding opportunity number) or the Catalogue of Federal Domestic Assistance (CFDA) number. You can find the funding announcement number and CFDA number on the cover page of this document. Additional information on the application download process also is available on the '[Get Application Package Now](#)' page.
3. **Submitting your Grant Application:** In order to upload your grant application to Grants.gov, it **must** be divided into four separate files. The four files are: 1) Table of Contents, Project Narrative, and Community Overview; 2) 12-Month Budget Narrative; 3) DFC Mentoring Attachments 1 – 6; and 4) DFC Mentoring Attachments 7 – 10. **Please note that SAMHSA will not accept more than four files.**
  - a) **File One – Table of Contents, Project Narrative, and the Overview of the Mentor/Mentee Relationship and Mentee Community:** To attach the file to your application, go to page one of the Grant Application Packet. On page one, look under the “mandatory” heading, click on “project narrative attachment” form, click on “add mandatory project narrative” file, upload file and click save.
  - b) **File Two - 12-Month Budget Narrative:** To attach the file to your application, go to page one of the Grant Application Packet. On page one, look under the “mandatory” heading, click on “budget narrative attachment” form, click on “add mandatory budget narrative”, upload file and click save.
  - c) **File Three – DFC Mentoring Attachments 1 – 5:** To attach the file to your application, go to page one of the Grant Application Packet. On page one, look under the “optional” heading, click the box next to “other attachment” form; an X will appear, then click on “other attachment form”, click on “add mandatory other attachment”, upload file and click and save.



- d) File Four – DFC Mentoring Attachments 6 – 10: To attach the file to your application, go to page one of the Grant Application Packet. On page one look under the “optional” heading, click the box next to “other attachment” form; an X will appear, then click on “other attachment form”, click on “add optional other attachment”, upload file and click save.

**NOTE:** If you have documentation that does not pertain to any of the 4 listed files, include that documentation in the fourth file. Although you can upload Word files you will need to scan signed documents (Attachments 1 – 10) into two separate PDF files before uploading.

#### 4. Other Grants.gov Requirements

**Do not use special characters in file names, such as ( ), #, ©, etc. Please see Table 18 below.**

**Table 18**

Allowable characters	Special characters (Unallowable)		
Upper case A – Z	Parentheses ( )	Curly braces { }	Square brackets [ ]
Lower case a – z	Ampersand &	Tilde ~	Exclamation point !
Underscore _	Comma ,	Semicolon ;	Apostrophe ‘
Hyphen –	At sign @	Number sign #	Dollar sign \$
Space	Percent sign %	Plus sign +	Equal sign =
Period .	Ampersand in XML <b><u>must</u></b> use the &amp; format.		

**If your application uses special characters when naming your attachment files, your application will be rejected by Grants.gov.**

Scanned images **must** be scanned at 150-200 dpi/ppi resolution and saved as a jpeg or pdf file. Using a higher resolution setting or different file type will result in a larger file size, which could result in rejection of your application.

With the exception of the standard forms (SF-424) in the application package, all pages in your application **must** be numbered consecutively. **Documents containing scanned images must also contain page numbers to continue the sequence.** Hand-written page numbers are acceptable.

### III. Electronic Submission Assistance and Contacts

**There are two options for receiving assistance:**

#### **Option 1: Grants.gov**

- By e-mail: [support@Grants.gov](mailto:support@Grants.gov)
- By phone: 1-800-518-4726 (1-800-518-GRANTS). The Grants.gov Contact Center is available 24 hours a day, 7 days a week, excluding federal holidays.

**Make sure you get a case/ticket/reference number that documents the issues/problems with Grants.gov.**

#### **Option 2: SAMHSA**

**If the issue is not resolved and you continue to experience problems contact SAMHSA at [dfcnew@samhsa.hhs.gov](mailto:dfcnew@samhsa.hhs.gov) or phone at 240-276-1270 for assistance. To ensure timely submission of your application please contact SAMHSA at least 5 business days prior to the submission deadline. Please be prepared to explain the issues preventing you from submitting your application electronically through Grants.gov.**

### IV. **Waiver Request Process**

Some applicants living in remote and rural areas may be unable to submit electronically through the Grants.gov portal because their physical location does not have adequate access to the Internet. Inadequate Internet access is defined as persistent and unavoidable access problems/issues that would make compliance with the electronic submission requirement a hardship.

In these cases applicants may request a waiver of the electronic submission requirement. The process for applying for a waiver is described below. Questions on applying for a waiver may be directed to SAMHSA's Division of Grant Review, 240-276-1199.

**All applicants must register in the System for Award Management (SAM) and Grants.gov, even those who intend to request a waiver.** If you do not have an active SAM registration prior to submitting your paper application, it will be screened out and returned to you without review.

A written waiver request **must** be received by SAMHSA at least 15 calendar days in advance of the application due date stated on the cover page of this FOA. The request **must** be either e-mailed to [DGR.Waivers@samhsa.hhs.gov](mailto:DGR.Waivers@samhsa.hhs.gov), or mailed to:

Christopher Craft, Acting Director of Grant Review  
Office of Financial Resources  
Substance Abuse and Mental Health Services Administration  
17E37C  
5600 Fisher Lane  
Rockville, MD **20857**

**Applicants are encouraged to request a waiver by e-mail, when possible.** When requesting a waiver, the following information **must** be included:

- SAMHSA FOA title and announcement number;
- Name, address, and telephone number of the applicant organization as they will appear in the application;
- Applicant organization's DUNS number;
- Authorized Organization Representative (AOR) for the named applicant;
- Name, telephone number, and e-mail of the applicant organization's Contact Person for the waiver; and
- Details of why the organization is unable to submit electronically through the Grants.gov portal, explaining why their physical location does not have adequate access to the Internet.

The Office of Grant Review will either e-mail (if the waiver request was received by e-mail) or express mail/deliver (if the waiver request was received by mail) the waiver decision to the Contact Person no later than seven calendar days prior to the application due date. If the waiver is approved, a paper application **must** be submitted. SAMHSA will not accept any applications that are sent by e-mail or facsimile or hand carried. If the waiver is disapproved, the applicant organization **must** be prepared to submit through Grants.gov or forfeit the opportunity to apply. The written approval **must** be included as the cover page of the paper application and the application **must** be received by the due date.

A waiver approval is valid for the remainder of the fiscal year and may be used for other SAMHSA discretionary grant applications during that fiscal year. When submitting a subsequent paper application within the same fiscal year, this waiver approval **must** be included as the cover page of each paper application. The organization and DUNS number named in the waiver and any subsequent application **must** be identical.

A paper application will not be accepted without the waiver approval and will be returned to the applicant if it is not included. Paper applications received after the due date will not be accepted.

## Appendix D: Mentor Sector Table

As **Attachment 1**, use Table 21 to identify the current sector representatives in the Mentor coalition that will serve as mentors to the Mentee coalition. The Mentor coalition is required to have active representation from all 12 sectors in order to be compliant with their current DFC grant. Individuals listed in the Mentor Sector Table **must** serve as willing partners in helping the Mentee coalition.

### Completing the Sector Member Table:

1. Remove all italicized instructions in the template.
2. Sector Member Name: Choose sector member that best fits each sector. Do not provide more than one name per sector. Neither a paid staff member nor the person signing the CIA can be a sector member.
3. Organization Name and Role: Identify organization member represents and position held in the organization (e.g., Youth sector: Johnson High School, student body president). Provide sufficient information that indicates an individual's fit within a sector. For example, for "State, Local or Tribal Government Agency with Expertise in the Field of Substance Abuse," it may not be clear by listing the name of the organization that it fits this sector. State type of funding the organization receives that makes it fit this sector.
4. Specific Contribution to Coalition: Provide tasks sector member performs for coalition.
5. Page Number for Matching CIA: Give page number for first page of the matching CIA.
6. An individual **must** not represent more than one of the 12 sectors.
7. For the youth sector, list the member's age.
8. If someone other than the individual listed in the "Member Name" column signs the CIA, the person listed in the "Member Name" column **must** be identified in the CIA as the sector representative. For example, if the Chief of Police signs the CIA instead of an officer who is listed in the Sector Member Table as the sector representative, he/she **must** identify by name the sector representative listed.

**Table 21: Sector Descriptions**

Sector	Sector Description
Youth	An individual 18 years of age or younger ( <b><u>must</u></b> provide age of youth).
Parent	An individual legally responsible for a child, grandchild or foster child.
Business	A representative of a business-related organization.
Media	A representative of a communication outlet that provides information to the community.
School	A representative of the school system with influence in school policies and procedures.
Youth-Serving Organization	A representative of an organization that provides services to youth.
Law Enforcement	A representative of a law enforcement agency. The representative <b><u>must</u></b> be an active sworn law enforcement officer, not retired.
Religious/Fraternal Organization	A representative of a faith-based organization. The

Sector	Sector Description
	representative's role <b><u>must</u></b> be of a leader, not just a member.
Civic/Volunteer Group	A representative of an organization that provides civic or volunteer activities that serves the community (not a coalition member). Examples include Lions Clubs, Rotary Clubs, etc.
Healthcare Professional	An individual and/or organization licensed to provide physical, mental, or behavioral healthcare services.
State, Local or Tribal Governmental Agency with Expertise in the Field of Substance Abuse	A representative of a government-funded agency with a focus on substance abuse.
Other Organization Involved in Reducing Substance Abuse	A representative of a community organization that addresses substance abuse.

**Table 22: Mentor Sector Table**

Sector	Member Name (first and last name)	Organization Name and Role in Organization (name of organization and role)	Specific Contribution to Coalition (tasks performed as part of coalition)	Page Number for Matching CIA (provide page number only)
Youth (an individual 18 or younger, provide age)				
Parent				
Business				
Media				
School				
Youth-Serving Organization				
Law enforcement				
Religious or Fraternal Organization				
Civic or Volunteer Group				

<b>Sector</b>	<b>Member Name</b> <i>(first and last name)</i>	<b>Organization Name and Role in Organization</b> <i>(name of organization and role)</i>	<b>Specific Contribution to Coalition</b> <i>(tasks performed as part of coalition)</i>	<b>Page Number for Matching CIA</b> <i>(provide page number only)</i>
Healthcare Professional				
State, Local, or Tribal Governmental Agency with Expertise in the Field of Substance Abuse				
Other Organization Involved in Reducing Substance Abuse				

## Appendix E: Mentor Coalition Involvement Agreements

As **Attachment 2**, Applicants (Mentor coalition) **must** include one Coalition Involvement Agreement (CIA) for each Mentor sector member listed in **Attachment 1**. The following page provides a sample CIA for sector members. **This document allows an applicant to indicate compliance with the required 12 sectors.** Applicants can tailor the agreement as needed, but **must** include **Table 23: Mentor CIA Information**, identified below, at the top of each CIA.

**Table 23: Mentor CIA Information (must be at the top of every CIA)**

Sector	Member Name	Organization Name
<i>Insert name of one of the 12 sectors</i>	<i>Insert Individual's Name as listed in the Sector Member Table, Attachment 1</i>	<i>Insert Organization Name</i>

The member listed on the CIA **must** match the name listed on the Sector Member Table provided as Attachment 2.

### **General Information:**

- CIAs **must** be no more than 12 months old at the time the application is submitted.
- CIAs **must** be hand signed and dated. Do **not** use typed/electronic signatures. Each CIA **must** have two signatures: one for the sector member and one for the individual representing the coalition. The same individual **cannot** sign as the sector member and as the sector representative.

### **Instructions for Table 23: Mentor CIA Information**

- Insert **Table 23** at the top of each CIA.
- Remove the italicized language and enter the correct information under each of the table components (i.e., Sector, Member Name, and Organization Name).
- Below are the three components of the CIA Information Table:
  - **Sector:** There **must** be one CIA for each sector member listed. Do not provide more than 12 CIAs. Refer to Table 21 for Sector Descriptions.

**NOTE:** For the youth sector, the member's age **must** be listed.

- **Member Name:** Choose coalition member that best fits each sector. An individual **must not** represent more than one of the 12 sectors. Do not provide more than one name per sector. **Neither paid staff (current or proposed) nor the person signing the CIA can be a sector member.**

- **Organization Name:** Identify organization the member represents and the position held in the organization (e.g., Youth sector: Johnson High School, student body president). Provide sufficient information that indicates an individual's fit within a sector. For example, for "State, Local or Tribal Government Agency with Expertise in the Field of Substance Abuse," it may not be clear by listing the name of the organization that it fits this sector. State type of funding the organization receives that makes it fit this sector.

### SAMPLE COALITION INVOLVEMENT AGREEMENT (CIA)

Sector	Member Name	Organization Name
<i>Insert name of one of the 12 sectors.</i>	<i>Insert Individual's Name as listed in the Sector Member Table, Attachment 1</i>	<i>Insert Organization Name</i>

This agreement between **[Coalition Name]** and the **[Sector] Representative, [Sector Representative's Name]** shall be from **[Start Date]** until terminated by a mutual accord. This agreement will be reevaluated on a yearly basis.

**[Coalition Name]** will be held responsible to:

1. Create and follow by-laws and policies.
2. Formulate coalition goals and objectives.
3. Oversee operations of activities, programs, and paid staff.
4. Continue to increase new membership of the coalition.
5. Create and follow a strategic Action Plan.
6. Create a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respect the rights of **[Coalition Name]** members to hold their own opinions and beliefs.

The **[Sector] Representative, [Sector Representative's Name]** will be held responsible to:

1. Be a community leader amongst the represented sector.
2. Ensure clear communication between the sector represented and the coalition.
3. Act as a positive role model for youth, families, and peers.
4. Support the coalition's mission.
5. Attend coalition meetings which are held on a **[Frequency]** basis.
6. Participate in at least one subcommittee.
7. Attend coalition sponsored trainings, town hall meetings, and community events.
8. Contribute to the strategic planning process.



- By signing this CIA, I commit to the efforts of **[Coalition Name]** until which time this relationship is no longer beneficial to the mission set forth by its membership.

Date

## Appendix F: Mentee Sector Table

As **Attachment 3**, insert **Table 24: Mentee Sector Table**, identify the current or intended sector representatives in the Mentee coalition. At the time of application, the Mentee coalition is **not** required to have active representation from all 12 sectors. Individuals listed in **Table 24: Mentee Sector Table** **must** serve as willing partners in helping the Mentee coalition. The table below **must** be utilized.

**Table 24: Mentee Sector Table**

<b>Sector</b>	<b>Sector Member Name</b> <i>(first and last name)</i>	<b>Organization Name and Role in Organization</b> <i>(full name of organization and individual's role in organization)</i>	<b>Specific Contribution to Coalition</b> <i>(demonstrate active participation in the coalition)</i>	<b>Page Number for the First Page of Matching CIA</b> <i>(provide CIAs in same order as the name are listed in this table)</i>
Youth (an individual 18 or younger)				
Parent				
Business				
Media				
School				
Youth-Serving Organization				
Law enforcement				
Religious or Fraternal Organization				
Civic or Volunteer Group				
Healthcare Professional				
State, Local, or Tribal Governmental Agency with Expertise in the Field of Substance Abuse				
Other Organization Involved in Reducing Substance Abuse				

## Appendix G: Mentee Coalition Involvement Agreement (CIA)

As **Attachment 4**, the Mentee coalition **must** include one CIA for each Mentee Sector member listed in **Attachment 3**. At the time of application, the Mentee coalition is **not** required to have active representation from all 12 sectors. The following page provides a sample CIA for sector members. **This document allows an applicant to indicate compliance with as many of the required 12 sectors as possible at the time of this application.** Applicants can tailor the agreement as needed, but **must** include the table below.

**Table 25: Mentee CIA Information (Must be at the top of every CIA)**

Sector Name	Sector Member	Agency/Organization
<i>Insert Sector Represented (e.g., Youth, Parent, Business, Media)</i>	<i>Insert Individual's Name (as listed in the Sector Member Table, Attachment 3)</i>	<i>Insert Organization Name</i>

The member listed on the CIA **must** match the name listed on the Sector Member Table provided as Attachment 3.

### **General Information:**

- CIAs **must** be no more than 12 months old at the time the application is submitted.
- CIAs **must** be hand signed and dated. Do **not** use typed/electronic signatures. Each CIA **must** have two signatures: one for the sector member and one for the individual representing the coalition. The same individual cannot sign as the sector member and as the sector representative.

### **Instructions for Table 25: Mentee CIA Information**

- Insert **Table 25** at the top of each CIA.
- Remove the italicized language and enter the correct information under each of the table components (i.e., Sector, Member Name, and Organization Name).
- Below are the three components of the CIA Information Table:
  - **Sector:** There **must** be one CIA for each sector member listed. Do not provide more than 12 CIAs. Refer to Table 21 for Sector Descriptions.

**NOTE:** For the youth sector, the member's age **must** be listed.

- **Member Name:** Choose coalition member that best fits each sector. An individual **must** not represent more than one of the 12 sectors. Do not provide more than one name per sector. **Neither paid staff (current or proposed) nor the person signing the CIA can be a sector member.**

- **Organization Name:** Identify organization the member represents and the position held in the organization (e.g., Youth sector: Johnson High School, student body president). Provide sufficient information that indicates an individual's fit within a sector. For example, for "State, Local or Tribal Government Agency with Expertise in the Field of Substance Abuse," it may not be clear by listing the name of the organization that it fits this sector. State type of funding the organization receives that makes it fit this sector.

**The following cannot serve as sector members: paid staff (current or proposed), the person signing the CIA on behalf of the coalition (e.g., coalition chair).**

#### **SAMPLE COALITION INVOLVEMENT AGREEMENT (CIA)**

<b>Sector Name</b>	<b>Sector Member</b>	<b>Agency/Organization</b>
Insert Sector Represented (e.g., Youth, Parent, Business, Media)	Insert Individual's Name (as listed in the Sector Member Table, Attachment 3)	Insert Organization Name

This agreement between *[Coalition Name]* and the *[Sector]* Representative, *[Sector Representative's Name]* shall be from *[Start Date]* until terminated by a mutual accord. This agreement will be reevaluated on a yearly basis.

*[Coalition Name]* will be held responsible to:

1. Create and follow by-laws and policies.
2. Formulate coalition goals and objectives.
3. Oversee operations of activities, programs, and paid staff.
4. Continue to increase new membership of the coalition.
5. Create and follow a strategic action plan.
6. Create a credible and relevant sustainability plan which includes volunteer membership and resources, both financial and material.
7. Respect the rights of *[Coalition Name]* members to hold their own opinions and beliefs.

The *[Sector]* Representative, *[Sector Representative's Name]* will be held responsible to:

1. Be a community leader amongst the represented sector.
2. Ensure clear communication between the sector represented and the coalition.
3. Act as a positive role model for youth, families, and peers.
4. Support the coalition's mission.
5. Attend coalition meetings which are held on a *[Frequency]* basis.
6. Participate in at least one subcommittee.
7. Attend coalition sponsored trainings, town hall meetings, and community events.
8. Contribute to the strategic planning process.
9. Participate in sustaining the coalition's capacity, involvement, and energy.
10. Prevent youth substance use through community level change strategies.
11. Provides the following services to be used as match, if applicable:

By signing this CIA, I commit to the efforts of *[Coalition Name]* until which time this relationship is no longer beneficial to the mission set forth by its membership.

\_\_\_\_\_  
Coalition Representative's Name (Print)

\_\_\_\_\_  
Sector Representative's Name (Print)

\_\_\_\_\_  
Coalition Representative's Signature

\_\_\_\_\_  
Sector Representative's Signature

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Title Date

## Appendix H: Mentor Coalition General Information Table

As **Attachment 5**, insert general information related to the Mentor coalition and its community. The table below **must** be utilized.

**Table 26: Mentor Coalition General Information Table**

Request for Information	Response
1. DFC Award Number (i.e. SPXXXXXX)	
2. Coalition name	
3. Month and year Mentor coalition was established	
4. First year of DFC funding	
5. Indicate Yes or No if the coalition has a current DFC award? If yes, indicate the current DFC award year (e.g., Year Three, Year Four).	
6. Proposed Program Director Name, Phone Number, and Email Address. (individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation)	
7. Project Coordinator Name, Phone Number and Email Address (individual who coordinates the work of the coalition and DFC activities, including training, coalition communication, data collection, and information dissemination)	
8. Geographic area served by coalition (include city, neighborhood, school district(s), etc.).	
9. List all zip codes for the geographic area served by coalition (use <a href="http://zip4.usps.com/zip4/welcome.jsp">http://zip4.usps.com/zip4/welcome.jsp</a> for assistance with identifying zip codes)	

Request for Information	Response
10. Using zip codes, list U.S. Congressional District(s) served by coalition ( <i>refer to <a href="http://www.house.gov">http://www.house.gov</a> to find Congressional Districts</i> ).	
11. Indicate Yes or No if the coalition serves a tribal or Native American community. If yes, provide name of Tribe/community.	
12. Indicate Yes or No if the coalition has at least one representative from the Bureau of Indian Affairs, Indian Health Services, or a tribal government agency with expertise in the field of substance abuse.	
13. Indicate whether the area(s) served by Mentor coalition is primarily <b>urban</b> or <b>rural</b> . Select only one. (See <a href="#">Appendix P</a> for definitions).	
14. Indicate Yes or No, whether Mentor coalition serves an area that is economically disadvantaged (i.e., 20 percent or more of the children living in the target area live in a household below the poverty line, as defined by the U.S. Census Bureau).	
15. Indicate Yes or No, whether Mentor coalition (applicant) is on high-risk status.	

## Appendix I: Mentee Coalition General Information Table

As **Attachment 6**, insert **Table 27: Mentee Coalition General Information Table**, provide general information related to the Mentee coalition and its community. If the Mentor coalition chooses to mentor more than one coalition, the applicant **must** use the table below and the mentor **must** complete a separate table for each proposed Mentee coalition.

**Table 27: Mentee Coalition General Information Table**

Request for Information	Response
1. Mentee coalition name	
2. Mentee coalition mailing address	
3. Date Mentee coalition was established	
4. Mentee Program Director Name, Phone Number, and Email Address (individual who provides daily oversight of the grant, including fiscal and personnel management, community relations, implementation, and evaluation)	
5. Mentee Project Coordinator Name, Phone Number and Email Address (individual who coordinates the work of the coalition and DFC activities, including training, coalition communication, data collection, and information dissemination)	
6. Geographic area served by Mentee coalition (city, neighborhood, school district(s), etc.)	
7. List all of the zip codes for the geographic area served by the Mentee coalition (use <a href="http://zip4.usps.com/zip4/welcome.jsp">http://zip4.usps.com/zip4/welcome.jsp</a> for assistance with identifying zip codes)	
8. U.S. Congressional District(s) served by Mentee coalition	
9. Total population of the area served by Mentee coalition	



Request for Information	Response
10. Does the Mentee coalition serve a tribal or Native American Community? Yes or No. If yes, indicate tribe Name.	
11. Does the Mentor coalition have at least one tribal or Native American Sector Representative? Yes or No. If yes, indicate which sector.	
12. Indicate whether the area(s) served by Mentee coalition is primarily urban or rural. Select only one. (see <a href="#">Appendix P</a> for definitions)	
13. Does the Mentee coalition serves an area that is economically disadvantaged (20 percent or more of the children living in the target area live in a household below the poverty line, as defined by the U.S. Census Bureau)? Indicate Yes or No.	
14. Is the Mentee coalition currently or has it ever been in receipt of a DFC grant? Indicate Yes or No.	
15. Is the Mentee coalition applying for a FY 2016 DFC grant? Indicate Yes or No. <b>Note:</b> If the Mentee receives a FY 2016 DCF grant, the DFC Mentoring application will be deemed ineligible.	
16. Has the Mentee been mentored under the DFC Mentoring grant in the past? Indicate Yes or No. If yes, indicate the number of years the coalition was mentored under this grant program. Also, provide the Mentoring grant award number.	

## Appendix J: Memorandum of Understanding (MOU) between Mentor and Mentee Coalitions

As **Attachment 7**, the Mentor coalition is required to submit a separate MOU for each Mentee coalition. Below is a sample MOU that can be used between Mentor and Mentee coalitions. Applicants can tailor the agreement as needed.

### Sample MOU between Mentor Coalition and each Mentee Coalition

This is a Memorandum of Understanding between *[Mentor Coalition Name]* and *[Mentee Coalition Name]*. This MOU is an agreement to execute the DFC Mentoring Grant in the *[Mentee Community Name]*.

**Purpose:** To maintain a formal partnership between the Mentor and the Mentee coalitions in the programmatic and fiscal management of the DFC Mentoring Grant.

**Term:** This MOU shall begin on \_\_\_\_\_ and extend through \_\_\_\_\_.

*[Mentor Coalition Name]* is responsible for:

1. Providing training and consultation in:
  - a. Coalition membership development,
  - b. Research based substance abuse prevention strategies including community level change strategies, and
  - c. Effective implementation of all steps of the strategic prevention framework.
2. Jointly selecting and directing staff and volunteers, setting goals and objectives for contract employees, and negotiating and approving contracts.
3. Jointly selecting and formulating goals and objectives in compliance with DFC Terms and Conditions.
4. Jointly overseeing operation of the coalition's activities, programs and paid staff.
5. Jointly creating, approving, and assuring budget compliance with DFC Mentoring grant requirements.
6. Compiling financial reports on a mutually agreed upon schedule.
7. Providing banking services and performing bookkeeping, preparing quarterly and annual financial reports. Wages and payroll taxes due, along with approved invoices, shall be paid from *[Mentor Coalition Name]* funds.
8. Reimbursing *[Mentee Coalition Name]* for any indirect or direct expenses incurred with prior approval of *[Mentor Coalition Name]*.

*[Mentee Coalition Name]* will be responsible for:

1. Increasing new membership of the coalition and community readiness.
2. Creating and following coalition's by-laws and policies.
3. Formulating coalition goals and objectives.
4. Assessing youth substance use trends and establishing baseline data.
5. Developing a comprehensive and sustainable community prevention plan.
6. Overseeing operations of activities, programs and if applicable, paid staff.
7. Establishing policy for its own programs.

## EQUAL OPPORTUNITY

*[Mentor Coalition Name]* and *[Mentee Coalition Name]* mutually agree to abide by all applicable federal and state anti-discrimination statutes, regulations, policies, and procedures.

This agreement shall be subject to all applicable provisions of state and federal law and regulations related to the delivery and funding of social service.

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Mentor Coalition Representative's  
Name (Print)

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Mentee Coalition Representative's  
Name (Print)

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Representative's Signature

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Representative's Signature

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Title                      / /  
Date

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Title                      / /  
Date

## **Appendix K: Resumes and Job Descriptions**

**As Attachment 8**, applicants **must** include a resume (no longer than two pages) and a position description (no longer than one page) for the Program Director and Project Coordinator, and each additional key paid or in-kind position. If a person has been selected but not yet hired, include a letter of commitment from that individual along with a resume and position description. If no individual has been identified for a position, a position description is still required, along with an overview of the hiring plan.

### **Resumes**

Existing curricula vitae of project staff members may be used if they are updated and contain all items of information requested below. You may add any information items listed below to complete existing documents. For development of new curricula vitae include items below in the most suitable format:

1. Name of staff member
2. Educational background: school(s), location, dates attended, degrees earned (specify year), major field of study
3. Professional experience
4. Honors received and dates
5. Recent relevant publications
6. Other sources of support [Other support is defined as all funds or resources, whether federal, non-federal, or institutional, available to the Program Director/Project Coordinator (and other key personnel named in the application) in direct support of their activities through grants, cooperative agreements, contracts, fellowships, gifts, prizes, and other means.]

### **Job Description**

1. Title of position
2. Description of duties and responsibilities
3. Qualifications for position
4. Supervisory relationships
5. Skills and knowledge required
6. Personal qualities
7. Amount of travel and any other special conditions or requirements
8. Salary range
9. Hours per day or week

## Appendix L: Intergovernmental Review (E.O. 12372) Requirements

### States with SPOCs

Regarding Attachment 9; this grant program is covered under Executive Order (EO) 12372, as implemented through Department of Health and Human Services (HHS) regulation at 45 CFR Part 100. Under this Order, states may design their own processes for reviewing and commenting on proposed federal assistance under covered programs. Certain jurisdictions have elected to participate in the EO process and have established State Single Points of Contact (SPOCs). A current listing of SPOCs can be downloaded from the Office of Management and Budget (OMB) website at [http://www.whitehouse.gov/omb/grants\\_spoc](http://www.whitehouse.gov/omb/grants_spoc).

- Check the list to determine whether your state participates in this program. You do not need to do this if you are an American Indian/Alaska Native Tribe or tribal organization.
- If your state participates, contact your SPOC as early as possible to alert him/her to the prospective application(s) and to receive any necessary instructions on the state's review process.
- For proposed projects serving more than one state, you are advised to contact the SPOC of each affiliated state.
- The SPOC should send any state review process recommendations to the following address within 60 days of the application deadline: Christopher Craft, Acting Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, Room 17E06, 5600 Fishers Lane, Rockville, MD 20857. ATTN: SPOC – Funding Announcement No. (*insert the FOA # here*).

### States without SPOCs

If your state does not have a SPOC and you are a community-based, non-governmental service provider, you must submit a Public Health System Impact Statement (PHSIS)<sup>3</sup> to the head(s) of appropriate state and local health agencies in the area(s) to be affected no later than the application deadline. The PHSIS is intended to keep state and local health officials informed of proposed health services grant applications submitted by community-based, non-governmental organizations within their jurisdictions. If you are a state or local government or American Indian/Alaska Native tribe or tribal organization, you are not subject to these requirements.

The PHSIS consists of the following information:

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<sup>3</sup> Approved by OMB under control no. 0920-0428; Public reporting burden for the Public Health System Reporting Requirement is estimated to average 10 minutes per response, including the time for copying the first page of SF-424 and the abstract and preparing the letter for mailing. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0920-0428. Send comments regarding this burden to CDC Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428).

- A copy of the face page of the application (SF-424); and
- A summary of the project, no longer than one page in length that provides: 1) a description of the population to be served; 2) a summary of the services to be provided; and 3) a description of the coordination planned with appropriate state or local health agencies.

For SAMHSA grants, the appropriate state agencies are the Single State Agencies (SSAs) for substance abuse and mental health. A listing of the SSAs for substance abuse can be found on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>. A listing of the SSAs for mental health can be found on SAMHSA's website at <http://www.samhsa.gov/grants/applying/forms-resources>. If the proposed project falls within the jurisdiction of more than one state, you should notify all representative SSAs.

If applicable, you **must** include a copy of a letter transmitting the PHSIS to the SSA in Attachment 9, "**Letter to the SSA.**" The letter **must** notify the state that, if it wishes to comment on the proposal, its comments should be sent no later than 60 days after the application deadline to the following address.

**For United States Postal Service:** Christopher Craft, Acting Director of Grant Review, Office of Financial Resources, Substance Abuse and Mental Health Services Administration, 5600 Fishers Lane, 17E 37C, Rockville, MD **20857**. ATTN: SSA – Funding Announcement No. **SP-16-002**. In addition:

- Applicants may request that the SSA send them a copy of any state comments.
- The applicant **must** notify the SSA within 30 days of receipt of an award.

## Appendix M: Sample Congressional Notification

As Attachment 10, applicants **must** follow the exact format below and include the **completed Congressional Notification**. *The Project Description **must not** be more than 35 lines; therefore, the entire document **must** not exceed more than one page. This information will be shared with members of Congress and the media, and may be posted to the DFC website, if the application is funded.*

Grant Award #SP0\_\_\_\_\_

Mentor Coalition Name:

Mentor Coalition Community:

Mentor Coalition Contact Name:

Mentor Coalition Contact Address:

Mentor Coalition Contact E-Mail:

Mentor Coalition Phone Number:

Recipient Name:

Recipient Contact Name:

Recipient Contact E-Mail Address:

Recipient Contact Phone Number:

Mentee Coalition(s) Name(s):

[State]

[Mentor Coalition Name]

Serving Congressional District(s): [\_\_]

### Project Description

The [Mentor Coalition] was awarded a FY 2016 Drug-Free Communities Mentoring Program in the amount of \$ [Amount] by the White House Office of National Drug Control Policy (ONDCP), in partnership with the Substance Abuse and Mental Health Services Administration (SAMHSA). The coalition will develop capacity, train, and mentor [Mentee coalition(s) name(s)] and assist them in applying for future DFC Support Program funding.

The purpose of the Mentoring grant is to assist newly forming coalitions in becoming eligible to apply for DFC funding on their own. It will achieve this goal by implementing the following objectives: (1) Strengthen Mentee coalition's organizational structure; (2) Increase Mentee coalition's leadership and community readiness to address youth substance use problems in the Mentee community; and (3) Assist the Mentee coalition in working through a strategic planning process that will result in a comprehensive community prevention plan.

[Mentor Coalition] will achieve the objectives by implementing these strategies [provide a one-sentence description of each strategy that the Mentor coalition will implement]:

1)

2)

3)

## Appendix N: Pre-Submission Verification Checklist

Use the form below **Table 28: Pre-Submission Verification Checklist** to ensure that the application meets all submission requirements. Place an “X” beside each completed item or, if applicable, provide the page number where each item can be found. Include the completed verification as the last page of the application.

**Table 28: Pre-Submission Verification Checklist**

Items to Complete	“X” or Page Number
Did you complete and sign the Application for Federal Assistance (SF-424)?	
Did you complete sections B, C, and E of the Non-Construction Budget Worksheet (SF-424A)?	
Did you include a Table of Contents on which the page numbering starts at page 1?	
Did you include the Overview of the Mentor/Mentee Relationship and Mentee Community (no more than 2 pages)?	
Is your Project Narrative no longer than 25 pages?	
Does your Project Narrative address all 6 questions?	
Did you include the Mentoring Plan in Question 5.3.5?	
Did you include a one-year 12-Month Budget Narrative and a Second Year Budget Estimate?	
Did you include a lease agreement and floor plan for proposed cost for Rent, if applicable?	
Did you include an Indirect Cost Rate Agreement for proposed indirect cost, if applicable?	
Did you demonstrate that your coalition will meet matching fund requirements (12-Month Budget Narrative, SF-424 and SF-424A)?	
Did you meet all eligibility requirements (see <a href="#">Table 1</a> of this FOA)?	
In <b>Attachment 1</b> , did you include the Mentor Sector Table (see <a href="#">Appendix D</a> )?	



Items to Complete	“X” or Page Number
In <b>Attachment 2</b> , did you include the Mentor Coalition CIAs (see <a href="#">Appendix E</a> )?	
In <b>Attachment 3</b> , did you include the Mentee Sector Member Table (see <a href="#">Appendix F</a> )?	
In <b>Attachment 4</b> , did you include the Mentee Coalition CIAs (see <a href="#">Appendix G</a> )?	
In <b>Attachment 5</b> , did you include the Mentor Coalition General Information Table (see <a href="#">Appendix H</a> )?	
In <b>Attachment 6</b> , did you include the Mentee Coalition General Information Table (see <a href="#">Appendix I</a> )?	
In <b>Attachment 7</b> , did you include a separate MOU between the Mentor coalition and each Mentee coalition (see <a href="#">Appendix J</a> )?	
In <b>Attachment 8</b> , did you include the required resumes and job descriptions (see <a href="#">Appendix K</a> )?	
In <b>Attachment 9</b> , did you include a copy of the Single State Agency Letter regarding Intergovernmental Review (E.O. 12372) Requirements (see <a href="#">Appendix L</a> )?	
In <b>Attachment 10</b> , did you include the Congressional Notification (see <a href="#">Appendix M</a> )?	
Did you include the Checklist found in the Grant Application Package as the next-to-last page of the application?	
Did you include this Pre-Submission Verification as the last document ( <a href="#">Appendix N</a> )?	

## Appendix O: Scoring Criteria

Applications will be screened jointly by ONDCP and SAMHSA to determine whether applicants meet all statutory eligibility requirements as outlined in this FOA. Applications submitted by coalitions that meet all statutory eligibility requirements will then be scored by a peer review panel according to the evaluation criteria described above.

Peer reviewers will score **each bullet** for questions **1-4 and 6** using the following definitions of each descriptor:

**Outstanding:** The applicant organization explicitly addresses the bullet by providing comprehensive descriptions, thorough details, and examples. Relevant examples and data are included to support the information presented. The applicant organization demonstrates a strong understanding of the topic and the level of detail reinforces each response clearly and how the project will be implemented.

**Very Good:** The applicant organization provides significant descriptions and relevant details in addressing the bullet but the response is not fully comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to specify what makes the response better than acceptable but not up to the standards of outstanding.

**Acceptable:** The applicant organization provides a basic response to the bullet but does not include enough detail or pertinent examples. Key descriptions, details, and examples are limited. The applicant organization does not effectively translate the requirements of the FOA into practice.

**Marginal:** The applicant organization provides minimal details and insufficient descriptions that do not completely answer the bullet. Limited information is presented or the applicant merely repeats information included in the FOA. The applicant may answer part of the bullet but miss a key point or there are major gaps in the information presented.

**Unacceptable:** The applicant organization does not explicitly address the bullet. The applicant organization states the question, but does not elaborate on the response. The applicant organization skips or otherwise ignores the question or includes irrelevant information that does not answer the question. As a result, the answer is completely deficient in addressing the bullet.

For **Question 5**, peer reviewers will provide an **overall rating** for the 12-Month Mentoring Plan using the following definitions of each descriptor:

**Outstanding:** It fully addresses the **three** DFC Mentoring goals **Goal 1:** Strengthen the Mentee coalition's organizational structure; **Goal 2:** Increase the Mentee coalition's leadership and community readiness to address youth substance use problems in the Mentee community; and **Goal 3:** Assist the Mentee coalition in working through a strategic planning process that will result in a comprehensive 12-Month Action Plan. The Mentoring Plan includes objectives that

center on how the Mentee coalition will move towards becoming DFC eligible. The strategies and activities included effectively address each objective. **The 12-Month Mentoring Plan fully meets all four of the following requirements:** (1) The template provided in Table 4 is used; (2) The **three** goals identified in Table 4 are included; (3) **All** of the objectives are measurable (a specific end product is identified and a completion date is included) and (4) The plan is comprehensive.

**Very Good:** The **three** DFC Mentoring goals are addressed but they are not fully comprehensive. The 12 Month Mentoring Plan includes objectives that center on how the Mentee coalition will move toward becoming DFC eligible. The strategies and activities effectively address each objective. **The 12-Month Mentoring Plan fully meets all four of the following requirements:** (1) The template provided in Table 4 is used; (2) The **three** goals identified in Table 4 are included; (3) **All** of the objectives are measurable (a specific end product is identified and a completion date is included) and (4) The plan is feasible.

**Acceptable:** The **three** DFC Mentoring goals are satisfactorily addressed but they are not comprehensive; and do not clearly outline how the Mentee coalition will move forward toward becoming DFC eligible. It is not clear that the strategies and activities will allow the objectives to be met. **Not all** of the objectives are measurable.

**Marginal:** The **three** DFC Mentoring goals are not satisfactorily addressed and do not clearly outline how the Mentee coalition will move toward becoming DFC eligible. Insufficient strategies and activities are included that will not allow the objectives to be met. The objectives are **not** measurable.

**Unacceptable:** The applicant organization skips or otherwise fails to address the criteria for the Mentoring Plan. The required template is **not** used. **None** of the objectives are measurable.

**Example of a measurable objective:** By 9/2017 (a completion date) the Mentor coalition will conduct at least three (3) trainings (specific end product) for the 12 sector members and identified leaders of the Mentee coalition.

**Point scale ranges are provided below:**

**Questions 1, 4 & 6 will be scored using the following 15 point scale:**

<u>Outstanding</u> point range:	<u>Very Good</u> point range:	<u>Acceptable</u> point range:	<u>Marginal</u> point range:	<u>Unacceptable</u> point range:
15-14	13-12	11	10-9	8-0

**Question 2 will be scored using the following 20 point scale:**

<u>Outstanding</u> point range:	<u>Very Good</u> point range:	<u>Acceptable</u> point range:	<u>Marginal</u> point range:	<u>Unacceptable</u> point range:
20-18	17-16	15-14	13-12	11-0

**Question 3 will be scored using the following 10 point scale:**

<u>Outstanding</u> point range:	<u>Very Good</u> point range:	<u>Acceptable</u> point range:	<u>Marginal</u> point range:	<u>Unacceptable</u> point range:
10-9	8	7	6	5-0

**Question 5 (Mentoring Plan) will be scored using the following 25 point scale:**

<u>Outstanding</u> point range:	<u>Very Good</u> point range:	<u>Acceptable</u> point range:	<u>Marginal</u> point range:	<u>Unacceptable</u> point range:
25-23	22-20	19-18	17-15	14-0

## Appendix P: Glossary of Terms

**Activities:** Efforts, actions or initiatives conducted to achieve identified objectives. Example: Conduct three responsible beverage server trainings with 15 businesses represented at each training.

**Authorized Representative/Official:** The person authorized to sign the grant application as the official representative of the applicant organization and to act on behalf of the applicant and assume the obligations imposed by the Federal laws, regulations, requirements, and conditions that apply to grant applications or awards, including the fiduciary authority/responsibility.

**Business Official:** The individual identified in the application as being the primary party responsible for overseeing the financial aspects of the grant (i.e. Authorized Representative/Official, Accountant, Bookkeeper). This is the individual who will receive the Notice of Grant Award (NoA) if funded and/or the Peer Review Summary Statement.

**Coalition Involvement Agreement (CIA):** A signed mutual agreement between the coalition and each one of its 12 sector members establishing the minimum expectations and contributions to be leveraged on behalf of the community, the coalition and the implementation of the DFC grant.

**Community-Level Change:** Change that occurs within the overall population of the community.

**Congressional District:** An electoral division of a state entitled to send one member to the US House of Representatives – this refers to the Federal Congressional District.

**Community Readiness:** The degree to which a community is prepared to take action on an issue.

**DFC Grant Recipient:** The grant recipient is the organizational entity that receives the DFC grant funds. For the purposes of this FOA, it is either a coalition that is a legally eligible entity (to receive Federal funds) or an agency that has agreed to partner (receive the DFC grant) on behalf of the coalition and serve as the legal applicant if awarded the grant.

**DFC Me:** DFC's Management and Evaluation system used for grant communications, progress reporting, and as a learning center for grant award recipients.

**Economically Disadvantaged Area:** An area with 20 percent or more children living in households below the poverty line as defined by the U.S. Census Bureau.

**Objectives:** What is to be accomplished during a specific period of time to move toward achievement of a goal. Measureable objectives **must** include the following elements:

- the type of change;
- how much change will occur, including the specific amount of increase or decrease;

- the specific population to be addressed (if population is youth, the ages of youth or grade level **are** identified);
- a specific date (Month/Year) by when change will be accomplished; and
- indicates how change will be measured.

**Example of a measurable objective:** By 9/29/17 (specific date) increase by 5% (amount of change) perception of peer disapproval of alcohol use (type of change) among 8th, 10th, and 12th grade students (population to be addressed) as determined by a youth survey result (how change will be measured).

**Rural:** According to the Drug-Free Communities Act of 1997, rural is defined as a county with a population that does not exceed 30,000 individuals.

**Social Indicator Data:** Numerical measures that describe the well-being of individuals or communities. Indicators are comprised of one variable or several components combined into an index. They are used to describe and evaluate community well-being in terms of social, economic, and psychological welfare. Community-level social indicators can be useful in community assessments for different purposes. An assessment to identify community issues and problems, for instance, might rely on such indicators as the incidence of a disease or medical condition either in the community at large, or in a particular social, ethnic, or geographic group. For example, in the substance use world, alcohol-related motor vehicle accidents can speak volumes about the community's alcohol use problem. Even something as seemingly harmless as the sales figures for alcohol may highlight a problem.

**Strategy:** An overarching strategic plan, action, initiative or policy approach designed to achieve a key or primary aim or objective the coalition intends to achieve intended results. Example: Increase enforcement of laws prohibiting the sale of alcohol to minors through compliance checks.

**Urban:** The Census Bureau classifies as "urban" all territory, population, and housing units located within an urbanized area (UA) or urban cluster (UC). It delineates UA and UC boundaries to encompass densely settled territory, which consists of: Core Census block groups or blocks that have a population density of at least 1,000 people per square mile and surrounding census blocks that have an overall density of at least 500 people per square mile.